Home Health Certification and Plan of Care

Order ID: 1150/20868

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
981214674	07/25/2026	From: 07/25/2026 To: 09/22/2026	25129	217058

6. Patient's Name and Address

Helen Lewis
3402 Dolfield Ave APT 106,
BALTIMORE, MD 21215-
434-594-0741

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 12/29/1933 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/25/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/25/26
N18.4	Chronic kidney disease stage 4 (severe)	07/25/26
I48.19	Other persistent atrial fibrillation	07/25/26
G30.1	Alzheimer's disease with late onset	07/25/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	07/25/26
E78.49	Other hyperlipidemia	07/25/26
K92.2	Gastrointestinal hemorrhage unspecified	07/25/26
Z85.3	Personal history of malignant neoplasm of breast	07/25/26
Z86.711	Personal history of pulmonary embolism	07/25/26
Z87.440	Personal history of urinary (tract) infections	07/25/26
Z91.81	History of falling	07/25/26
Z79.4	Long term (current) use of insulin	07/25/26
Z79.82	Long term (current) use of aspirin	07/25/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

LATANOPROST Ophthalmic Solution 0.005 % / Instill 1 drop both eyes at bedtime for IOP
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth one time a day for HTN
ASPIRIN Chewable 81 MG / 1 Tablet by mouth one time a day for Prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for hyperlipidemia
Tylenol - Acetaminophen 325 mg/tablet / Give 2 tablet by mouth every 4 hours as needed for Pain Mild pain 1-3
OLANZAPINE 2.5 MG / 1 Tablet by mouth twice a day for Depression
Glipizide - Glipizide 5 mg 5mg by mouth twice a day DM
Amiodarone Hcl - Amiodarone Hydrochloride 400 MG / 1 Tablet by mouth one time a day for Arrythmia s

14. DME and Supplies:

diabetic supplies, commode

15. Safety Measures:

bathroom safety, diabetic precautions, fall precautions, standard precautions, , , ,

16. Nutrition:

diabetic

17. Allergies:

lisinopril metformin

18.A. Functional Limitations

Ambulation!Bowel/Bladder Incontinence!Hearing

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: Fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic chronic kidney disease, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 92-year-old female with a significant past medical history of stage 4 chronic kidney disease (CKD), atrial fibrillation not currently treated with anticoagulation, dementia, prior pulmonary embolism, type 2 diabetes mellitus (DM2), hypertension (HTN), hyperlipidemia (HLD), prior gastrointestinal bleed, metastatic breast cancer, and a history of falls. The patient was recently hospitalized for a urinary tract infection (UTI) and has returned home for continued skilled home health services. She is considered homebound due to dementia and multiple chronic medical conditions, including HLD, HTN, DM2, CKD, and metastatic breast cancer, which contribute to impaired mobility, decreased safety awareness, and increased risk for falls. The patient ambulates with an assistive device and requires human assistance when leaving the home to ensure safety. Upon assessment, the patient was alert and oriented x2-3. Skin was dry, warm, and intact. Lung sounds were clear bilaterally, with respirations even and unlabored. The patient voiced no complaints during the visit. A physical therapy evaluation was completed. Prior to hospitalization, the patient ambulated without an assistive device under supervision but required assistance secondary to dementia and impaired safety awareness. Following hospitalization, the patient presents with decreased bilateral lower-extremity strength, measured at 3-/5 on manual muscle testing, and requires minimal assistance for transfers and short-distance ambulation using a rolling walker. Verbal cues are required to promote improved upright posture and increased trunk extension during ambulation. Current deficits in strength, balance, functional mobility, and safety place the patient at increased risk for falls and limit her ability to perform functional activities independently compared with her prior level of function. Skilled physical therapy services are indicated to address these impairments through therapeutic exercise, gait and transfer training, balance activities, functional mobility training, and safety education. The plan of care will focus on improving lower-extremity strength, balance, gait mechanics, safety, and functional independence, with the goal of maximizing the patient's mobility and facilitating return toward her prior level of function. Continued skilled nursing and therapy services will include monitoring of the patient's overall clinical status and chronic conditions, reinforcement of fall-prevention and safety measures, and education of the patient and caregivers regarding safe mobility and appropriate assistance.
 Date of Order 07/25/2026 Orders Physician Face-to-Face Date: 06/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 diabetes mellitus with diabetic chronic kidney disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Bullock, Eddye

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 06/24/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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Helen Lewis 3402 Dolfield Ave APT 106, BALTIMORE, MD 21215- 434-594-0741	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (07/25/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Incontinence muscle weakness, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: To feel better;To feel better

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/25/2026

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PT WK2: 1 (07/26/26-08/01/26) ,WK4: 1 (08/09/26-08/15/26) ,WK6: 1 (08/23/26-08/29/26) ,WK8: 1 (09/06/26-09/12/26) ,WK10: 1 (09/20/26-09/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170J1 - Walk 50 ft with 2 Turns, GG0170D1 - Sit to Stand, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170M1 - 1 - Step (curb), GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PATIENT-STATED GOAL: To be able to stand upright

GOALS

Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/25/2026