Home Health Certification and Plan of Care

Order ID: 1150/20872

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
261293359	07/24/2026	From: 07/24/2026 To: 09/21/2026	28069	217058

6. Patient's Name and Address
Emma Lokosu
728 Middlesex Road,
ESSEX, MD 21221-
443-939-5009

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 10/28/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I26.92	Saddle embolus of pulmonary artery w/o acute cor pulmonale	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
C50.919	Malignant neoplasm of unsp site of unspecified female breast	07/24/26
C79.31	Secondary malignant neoplasm of brain	07/24/26
E11.9	Type 2 diabetes mellitus without complications	07/24/26
I10.	Essential (primary) hypertension	07/24/26
E78.5	Hyperlipidemia unspecified	07/24/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/24/26

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

XALATAN 0.005 % Opht Drop / Instill 1 Drop both eyes every evening
TIMOPTIC 0.5 % Opht Drop / Instill 1 Drop both eyes every morning
ZOFRAN 4 MG / 1 Tablet by mouth every 8 hours
DULCOLAX DR 5 mg/tablet / Take 2 tablets by mouth at 12 noon the day before procedure with at least 8 ounces of water
ZYPREXA 5 MG / 1 Tablet by mouth once a day at bedtime on days 2 and 3 of each cycle.
MEGACE 400 mg/10 mL (40 mg/mL) Oral Susp / Take 10 mL by mouth daily
COLACE 100 MG / 1 Capsule by mouth 2 times a day as needed for constipation
DECADRON 4 MG / 1 Tablet by mouth twice a day with meals
LIPITOR 80 MG / 1 Tablet by mouth daily for cholesterol and heart protection
Acetaminophen (PHARBETOL) 500 mg/tablet / Take 2 tablets by mouth every 8 hours for 10 days.
Simethicone (MYLICON) Oral Chew Tab Chew and swallow 2 tablets by mouth as necessary for 3 doses, at 9 PM and 10 PM the night before procedure, and the morning of the procedure, before drinking the final one third of the Gavilyte
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit)/tablet / Take 2 tablets by mouth once a day
Enoxaparin Sodium - Enoxaparin Sodium .6 ml intravenous every 12 hours Dvt

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above!Endurance!Dyspnea With Minimal Exertion!Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: Good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Saddle embolus of pulmonary artery w/o acute cor pulmonale, 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 67-year-old female receiving skilled occupational therapy services following hospitalization at Greater Baltimore Medical Center secondary to a pulmonary embolism (PE) after being found unresponsive. Her past medical history is significant for hypertension (HTN), hyperlipidemia (HLD), type 2 diabetes mellitus (T2DM), and metastatic breast cancer. Prior to hospitalization, the patient resided with her granddaughter in an apartment and was independent with basic self-care activities, functional transfers, and functional ambulation. Following hospitalization, the patient is currently residing with her daughter and demonstrates a decline from her prior level of function, including decreased standing balance, reduced standing tolerance, decreased bilateral upper-extremity strength, and diminished overall activity tolerance. These impairments negatively affect her ability to safely and independently perform self-care tasks, functional transfers, and functional ambulation. Skilled occupational therapy services are medically indicated to address deficits in strength, balance, endurance, activity tolerance, and functional performance through therapeutic activities, self-care retraining, functional transfer training, safety education, and adaptive techniques as appropriate. The plan of care will focus on improving the patient's functional independence and safety with daily activities and mobility, with the goal of maximizing recovery and facilitating return toward her prior level of functional independence.
 Date of Order 07/24/2026 Orders Physician Face-to-Face Date: 07/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Saddle embolus of pulmonary artery w/o acute cor pulmonale 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 - OT Notes: soc OT
 Physician Zyskind, Aviva

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Aviva Zyskind
5620 Ager Rd
Hyattsville, MD 20782
PHONE: 8007777904 FAX: NPI: 1164582607

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 : 07/09/2026

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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OT Careplans

OT WK1: 1 (07/24/26-07/25/26) ,WK3: 1 (08/02/26-08/08/26) ,WK5: 1 (08/16/26-08/22/26) ,WK7: 1 (08/30/26-09/05/26) ,WK9: 1 (09/13/26-09/19/26)

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, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, M1033 - Exhaustion, nausea/vomiting, Pain Effect on Sleep, balance deficit, lethargy

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s)

OT Goals

PATIENT-STATED GOAL: Get in the shower;Get in the shower;Get in the shower

GOALS
Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026

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purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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