# Home Health Certification and Plan of Care

**Order ID: 1150/20920**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 23184005 | 05/27/2026 | From: 07/26/2026 To: 09/23/2026 | 214 | 217058 |

**6. Patient's Name and Address**

Mabel Johnson
3605 Yennar Lane Apt 1B,
WINDSOR MILL, MD 21244-
770-896-3365

**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** 01/29/1943 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J44.1 | Chronic obstructive pulmonary disease w (acute) exacerbation | 05/27/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| J96.01 | Acute respiratory failure with hypoxia | 05/27/26 |
| J43.9 | Emphysema unspecified | 05/27/26 |
| S09.90XD | Unspecified injury of head subsequent encounter | 05/27/26 |
| I10. | Essential (primary) hypertension | 05/27/26 |
| G30.9 | Alzheimer's disease unspecified | 05/27/26 |
| F02.80 | Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx | 05/27/26 |
| E78.5 | Hyperlipidemia unspecified | 05/27/26 |
| I71.20 | Thoracic aortic aneurysm without rupture unspecified | 05/27/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 05/27/26 |
| I73.9 | Peripheral vascular disease unspecified | 05/27/26 |
| E46. | Unspecified protein-calorie malnutrition | 05/27/26 |
| K59.00 | Constipation unspecified | 05/27/26 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 05/27/26 |
| Z87.891 | Personal history of nicotine dependence | 05/27/26 |
| Z79.82 | Long term (current) use of aspirin | 05/27/26 |
| Z79.52 | Long term (current) use of systemic steroids | 05/27/26 |
| Z91.81 | History of falling | 05/27/26 |

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

Ergocalciferol - Ergocalciferol 1250 mcg by mouth once a week Vitamin d2 1250 mcg 50,000 units every 7 days
Atorvastatin - Atorvastatin Calcium 80mg 1 tablet by mouth once a day
Amilodipine - Amlodipine Besylate 5 mg by mouth before meal
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 50mg ER by mouth once a day
Lisinopril - Lisinopril 40 mg 40 mg by mouth before meal Daughter holding, and not giving at this time. physician is aware and encouraging to give the medication.
Spiriva - Tiotropium Bromide Monohydrate 2.5mcg inhalant in the evening
Albuterol - Albuterol 0.09 mg/inh 2 puffs inhalant every 6 hours
Albuterol Nebulizer - Albuterol 0.083% 1 vial inhalant every 4-6 hours As needed for wheezing

**14. DME and Supplies:**

wheelchair, 4 wheeled walker

**15. Safety Measures:**

transfer with assist, wheelchair precautions, walker precautions, supervision at all times, standard precautions, medication safety, fall precautions, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**

soft, cardiac diet

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Dyspnea With Minimal Exertion, Ambulation, Speech

**18.B. Activities Permitted**

Wheelchair, Walker, Other

**19. Mental & Pyschosocial Status:** COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 4. Constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**

SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**

family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
add discharge plan

**Homebound status:** Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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 an 83-year-old female referred to home health services following a recent hospitalization for acute exacerbation of chronic obstructive pulmonary disease (COPD). Her past medical history is significant for COPD, hypertension, hyperlipidemia, aortic atherosclerosis, ascending thoracic aortic aneurysm, chronic leukocytosis, colon cancer, mild cognitive impairment/dementia, and a recent traumatic subarachnoid and subdural hemorrhage sustained after a fall. Additional history includes impaired mobility, gait instability, and recurrent fall risk. The patient resides with her daughter and family in a basement apartment, where family members provide ongoing supervision and assistance with daily care needs. The daughter reports that the patient will not be left alone due to safety concerns and cognitive impairment. The patient is considered homebound due to dementia, recent hospitalization for bronchitis/COPD exacerbation, history of falls, impaired mobility, decreased endurance, and shortness of breath with minimal exertion. She requires the use of a rollator walker, wheelchair for longer distances, and human assistance to safely leave the home. Leaving the residence requires considerable and taxing effort and places the patient at increased risk for injury and functional decline. During the assessment, the patient was alert and oriented to name, date of birth, and place; however, she was unable to accurately identify the current date or year, consistent with her diagnosis of dementia and mild cognitive impairment. Vital signs were within normal limits. Blood pressure was stable, although the diastolic reading was noted to be at the lower end of the normal range. The patient was afebrile and denied pain at the time of assessment. Oxygen saturation was 94% on room air. Respiratory assessment revealed clear lung sounds bilaterally with the exception of wheezing noted in the right upper lobe. The patient continues to experience shortness of breath with minimal exertion and demonstrates poor activity tolerance, significantly limiting participation in daily activities. The patient's daughter reported financial difficulty obtaining prescribed inhaler medication due to affordability concerns. Education was provided regarding the importance of medication adherence and ongoing monitoring of respiratory symptoms. The patient's daughter also reported that the patient quit smoking seven days ago and has abstained from caffeine intake during the same period. Positive reinforcement was provided regarding smoking cessation efforts. Skin assessment revealed a 2 cm x 2 cm x 0.1 cm wound located on the left anterior chest. According to the patient and caregiver, the wound was evaluated during the recent hospitalization and is currently being left open to air. The surrounding skin was intact, and no signs of acute infection were noted during the visit. Skilled nursing will continue to monitor wound healing and assess for any signs or symptoms of infection during subsequent visits. The patient reported ongoing loose stools but denied urinary difficulties. Due to continued diarrhea and the need for further evaluation, a urinalysis was requested. Skilled nursing provided education regarding the

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 07/22/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Neelofar Wajahat
7141 Security Blvd
Baltimore, MD 21244
PHONE: 855-902-4974 FAX: 14108473396 NPI: 1083861181

**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 : 05/23/2026

**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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importance of maintaining adequate hydration, particularly in the elderly population, to reduce the risk of dehydration associated with frequent loose stools. The patient and caregiver verbalized understanding of the teaching provided. Functionally, the patient demonstrates significant limitations related to weakness, impaired balance, reduced endurance, and shortness of breath. She ambulates with a rollator walker and requires contact guard assistance for mobility. The patient requires assistance with toileting, bathing, dressing, and other activities of daily living due to limited endurance and functional deficits. She is able to independently perform selected tasks, including eating, upper-body bathing, and perineal care when supplies are prepared and arranged in advance. Additional assistance is required for lower-body bathing, dressing, and personal care tasks. Occupational therapy assessment identified bilateral upper extremity weakness, with greater weakness noted in the right upper extremity, measured at approximately 3+/5 strength by manual muscle testing. The patient requires minimal assistance for toilet transfers and contact guard assistance for sit-to-stand transfers, with verbal cueing needed for proper body positioning and limb placement. Physical therapy evaluation revealed bilateral lower extremity weakness, impaired balance, unsteady gait, decreased safety awareness, difficulty with transfers, and impaired household ambulation. These deficits place the patient at a significantly increased risk for falls and rehospitalization. Skilled physical therapy services are medically necessary to improve lower extremity strength, balance, gait mechanics, transfer safety, endurance, functional mobility, and fall prevention strategies. Occupational therapy services are also warranted to address upper extremity weakness, activity tolerance, energy conservation, activities of daily living, transfer training, and overall functional independence. Skilled nursing goals include monitoring respiratory status, ensuring adherence to prescribed medications, reinforcing proper inhaler technique and use, monitoring blood pressure and oxygenation status, assessing wound healing, providing nutrition and hydration education, monitoring for signs of infection, and supporting overall disease management. The patient would benefit from continued interdisciplinary home health services, including skilled nursing, physical therapy, and occupational therapy, to maximize safety, improve functional performance, reduce fall risk, prevent rehospitalization, and maintain the highest possible level of independence within the home environment. <br> Date of Order 07/22/2026 Orders Physician Face-to-Face Date: 05/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA due to Chronic obstructive pulmonary disease with (acute) exacerbation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: The patient is recertified due to increased work of breathing, tripod positioning, bilateral rhonchi, and coarse breath sounds throughout, requiring ongoing skilled nursing assessment and monitoring despite vital signs remaining within acceptable parameters. The patient was referred to a Kaiser Core Center for further assessment and management following RN consultation with the Kaiser Advice Nurse. Continued skilled nursing services remain medically necessary to monitor respiratory status and provide ongoing education and re-education on COPD, medications, and signs and symptoms requiring immediate medical attention. <br> Physician Neelofar, Wajahat

## SN Careplans

SN WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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/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.

Admitting nurse can not remove, but patient did not have surgery not applicable; 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, M2102d - Caregiver Performs Treatment, wheezing, coughing, limited endurance, muscle weakness, impaired speech, balance deficit

PROCEDURES: physician-ordered wound care: #1 - Other - Anterior Left Upper Chest - Looks white and dry, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: wound upper left chest open to air

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

## SN Goals

PATIENT-STATED GOAL: I want to be stronger

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

caregiver performs medical/rehabilitation treatments with adequate competence

caregiver administers and/or packages medications appropriately

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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient living environment has safe floor coverings

patient has access to necessary medical care considering inability to pay

patient has access to medicine/medical supplies considering inability to pay

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 is adequately supervised

meal preparation is available to patient for all meals

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 07/22/2026 |

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| | |
|---|---|
| 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * oral care strategies to achieve optimum nutrition control oral pain/discomfort range of motion exercises to optimize jaw mobility, * strategies to increase caloric intake, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, patient has access to necessary medical care considering inability to pay, patient has access to medicine/medical supplies considering inability to pay, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence | * diet<br>* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* how to keep home safe for patient with dementia<br>* coping strategies for the caregiver* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* oral care<br>* strategies to achieve optimum nutrition<br>* control oral pain/discomfort<br>* range of motion exercises to optimize jaw mobility<br><br>patient/caregiver recalls<br>* strategies to increase caloric intake<br>* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* pain control<br>* therapeutic exercises to optimize range of motion of affected area<br>* diet and fluids to promote healing<br>* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* how to keep journal of food and fluid intake<br>* healthy meal plan tips<br>* exercise program<br>* nutritional knowledge<br>* recalls related medication(s) purpose, schedule |

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|---|---|
| Signature of Physician: | Date |
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 07/22/2026 |