Home Health Certification and Plan of Care

Order ID: 1150/18740

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2PH2N66UA05	04/10/2026	From: 04/10/2026 To: 06/08/2026	24508	217058

6. Patient's Name and Address
Ida Behler
522 Thomas Run Rd,
Bel Air, MD 21015-
410-989-0363

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 10/15/1926 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N13.6	Pyonephrosis	04/10/26

13. ICD	Other Pertinent Diagnoses	Date
J06.9	Acute upper respiratory infection unspecified	04/10/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/10/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/10/26
N18.4	Chronic kidney disease stage 4 (severe)	04/10/26
D63.1	Anemia in chronic kidney disease	04/10/26
N17.9	Acute kidney failure unspecified	04/10/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	04/10/26
E46.	Unspecified protein-calorie malnutrition	04/10/26
E83.42	Hypomagnesemia	04/10/26
I95.9	Hypotension unspecified	04/10/26
R41.82	Altered mental status unspecified	04/10/26
Z46.6	Encounter for fitting and adjustment of urinary device	04/10/26

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

Glipizide Er - Glipizide 1 by mouth twice a day 5mg
ACETAMINOPHEN 500 mg/ 1 tablet by mouth as necessary Give 2 tablets every 8 hours as needed for mild to severe pain not to exceed 3gms of Acetaminophen per day
CARVEDILOL 3.125 mg / 1 tablet by mouth twice a day for HTN with breakfast and dinner, hold for SBP < 105 and/or HR < 60
Culturelle Capsule (Lactobacillus Rhamnosus (GG)) 1 capsule by mouth twice a day for GI HEALTH (10 BILLION)
Glucose Gel 40 % Give 1 application by mouth as necessary give every 5 minutes for DMII STEP #2: PRN S/S DIABETIC IMBALANCE *GLUCOSE GEL GIVE 1 TUBE OF IF BS IS < 60 AND RESIDENT IS NONRESPONSIVE. ADMINISTER GLUCOSE GEL INTO BUCCAL POUCHES WITH RESIDENT SITTING UPRIGHT OR LEFT SIDE LYING. RECHECK BS IN 5 MIN - OBTAIN VS
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg/ 1 tablet by mouth twice a day Give 1.5 tablet in the morning and at bedtime for HTN, HOLD MEDICATION IF SYSTOLIC BLOOD PRESSURE < 100 mmHg; TAKE 1.5 TABS TO EQUAL 75MG
Magnesium Oxide - Simethicone 500 mg / 1 tablet by mouth in the morning for MAGNESIUM DEFICIENCY
MELATONIN 5 mg / 1 tablet by mouth at bedtime for insomnia
MIRALAX Give 17 gram by mouth in the morning for constipation, for bowel regimen, should be mixed with at least 8 ounces of water
Novofine 30g subcutaneous four times a day Before meals and at bedtime
Semglee Solution Pen-Injector (Insulin Glargine) 100 unit/ml / Inject 5 unit subcutaneous at bedtime for DIABETES
Humalog - Insulin Lispro Recombinant KwikPen 100 unit/ml / inject 8 unit subcutaneously before meal for DMII HOLD FOR BLOOD GLUCOSE <60

14. DME and Supplies:
bath bench, rolling walker, wheelchair, walker, grab bars, commode

15. Safety Measures:
supervision at all times, standard precautions, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
diabetic!low sodium

17. Allergies:
lactose mushrooms shrimp

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, 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: No

20. Prognosis: good

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
another facility/provider will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pyonephrosis, 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 99-year-old female referred to home health services following a recent hospitalization and subsequent subacute rehabilitation stay after presenting with confusion and lethargy. During hospitalization, the patient was diagnosed with pyonephrosis, upper respiratory infection, and respiratory syncytial virus (RSV). Her past medical history is significant for dementia, chronic kidney disease, hydronephrosis, nephrolithiasis/kidney stones, hypertension, diabetes mellitus, anemia, recurrent urinary tract infections, sepsis, hypotension, hypomagnesemia, acute kidney injury, and RSV infection. The patient currently resides in an assisted living facility located on the ground floor with no stairs required for entry. She has strong family support, with her son visiting daily to assist with her care and supervision needs. Prior to hospitalization, the patient required supervision with basic self-care activities, functional transfers, and ambulation utilizing a rolling walker. Following hospitalization and rehabilitation, the patient was evaluated for skilled occupational therapy services. Assessment revealed that the patient is currently functioning at her baseline level with self-care tasks, functional transfers, and functional ambulation. She continues to require assistance with activities of daily living and transfers and receives 24-hour supervision secondary to impaired memory, cognitive deficits, decreased safety awareness, and dementia-related limitations. The patient ambulates with a rolling walker and continues to require close supervision for safety. At the time of evaluation, no acute distress was noted. The patient's current level of function is consistent with her pre-hospital baseline status, and no significant decline in occupational performance was identified requiring ongoing skilled occupational therapy intervention. Skilled OT evaluation was completed, and no further occupational therapy services are warranted at this time. Education was provided to caregivers and facility staff regarding patient safety, fall precautions, supervision requirements, energy conservation, and maintaining consistency with the patient's established care routine. Continued monitoring and supportive care through the assisted living facility and home health services remain appropriate to ensure patient safety, prevent rehospitalization, and maintain current functional status.
 Date of Order 04/10/2026 Orders Physician Face-to-Face Date: 03/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Pyonephrosis Homebound Status per Certifying Physician: patient requires

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Chienyenwa Nwachinemere
201 Ballard Ave
Baltimore, MD 21220
PHONE: 4106863931 FAX: 14108814572 NPI: 1316905227

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 : 03/10/2026

27. Attending Physician's Signature and Date Signed **07/13/2026**: 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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another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc OT Eval Notes:
 Physician Nwachinemere, Chienyenwa

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (04/10/26-04/11/26) ,WK2: 2 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26) ,WK9: 1 (05/31/26-06/06/26)	PATIENT-STATED GOAL: To improve strength to be able to walk to the dining room and back for meals using the rolling Walker with supervision.
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 56 > 90, O2 saturation < 88 > 100, pain < 0 > 6	GOALS patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide 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
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, 8. Currently reports exhaustion	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
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:POLST (Physician Orders for Life-Sustaining Treatment)	patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * 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/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 03. Partial/moderate assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170L1 - Walk 10 ft on Uneven Surface,	

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/10/2026

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GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1700 - Cognition, M1745 - Behavioral Issues, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, M1610 - Urinary Catheter, limited range of motion, limited endurance, limited strength, muscle weakness, B0200 - Hearing Deficit, lethargy, balance deficit, weak hand grips, daytime fatigue

PROCEDURES: Medication management : Review medication management, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Laq, hip flexion, abduction, heelraises, hamstring curls, standing heelraises, marching with support of Walker, equipment training, work simplification/energy conservation, gait training/stair training, transfers 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, 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 home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Walk 10 Feet - 04. Supervision or touching assistance

Eating - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (04/10/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: home exercise program: clinician will describe HEP at visit

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, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05 Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Evaluation only

GOALS
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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/10/2026