Home Health Certification and Plan of Care

Order ID: 1150/20971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34164079	07/29/2026	From: 07/29/2026 To: 09/26/2026	28368	217058

6. Patient's Name and Address
Joan Thompson
5401 HIGHRIDGE ST,
HALETHORPE, MD 21227
443-756-6377

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 02/27/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I71.21	Aneurysm of the ascending aorta without rupture	07/29/26

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	07/29/26
I69.391	Dysphagia following cerebral infarction	07/29/26
I10.	Essential (primary) hypertension	07/29/26
E78.2	Mixed hyperlipidemia	07/29/26
I27.20	Pulmonary hypertension unspecified	07/29/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/29/26
M19.90	Unspecified osteoarthritis unspecified site	07/29/26
R32.	Unspecified urinary incontinence	07/29/26
Z79.82	Long term (current) use of aspirin	07/29/26
Z87.440	Personal history of urinary (tract) infections	07/29/26

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

ASPIRIN 81 MG tablet by mouth daily
Vitamin D - Ergocalciferol 25 MCG (1000 UT) tablet / Take 1,000 Units by mouth daily
LIPITOR 40 MG tablet by mouth nightly
LASIX 20 MG / 1 Tablet by mouth daily
APRESOLINE 25 MG tablet by mouth 2 times daily
ZESTRIL 40 MG tablet by mouth daily
CYANOCOBALAMIN 1000 MCG TABS by mouth daily
Cefdinir - Cefdinir 300 MG capsule by mouth every 12 hours
Zinc Sulfate - Zinc Sulfate 66 (15 Zn) MG / 1 Tablet by mouth daily
VOLTAREN Gel 1 % / Apply 4 g to the skin topical 4 times daily

14. DME and Supplies:
urinary/catheter supplies, wheelchair

15. Safety Measures:
ambulates with assistance, hand rails, cardiac precautions, bleeding precautions, transfer with assist, supervision at all times, ambulates with device, activity supervision, standard precautions, fall precautions, medication safety, wheelchair precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety

16. Nutrition:
cardiac diet

17. Allergies:
nifedipine

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted
Wheelchair, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Aneurysm of the ascending aorta without rupture, 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 82-year-old female admitted to home health services following recent hospitalization for shortness of breath and tachypnea, during which an aneurysm was identified. Her past medical history is significant for arthritis, cerebrovascular accident (CVA) with paresis, dysphagia, hypertension, hyperlipidemia, osteoporosis, and atherosclerosis. The patient is alert and oriented 3 and resides at home with her spouse, who serves as her primary caregiver and assists with activities of daily living (ADLs), mobility, and transfers. She has been primarily wheelchair-dependent for the past 2-3 years, is able to stand and pivot with assistance, and requires a wheelchair and caregiver assistance to safely leave the home, making her homebound due to significant mobility limitations. One fall was reported within the past month, placing her at increased risk for falls. Physical therapy evaluation identified bilateral lower extremity weakness, impaired balance, decreased functional mobility, inability to ambulate or negotiate stairs, impaired transfers, decreased safety awareness, and overall functional decline, indicating the need for skilled physical therapy to improve strength, transfers, balance, safety, and functional independence. Skilled nursing admission assessment revealed stable vital signs and a 16 Fr Foley catheter draining dark yellow urine. The patient reported that her primary care provider previously attributed the urine discoloration to vitamin B12 supplementation; however, the provider was notified regarding the finding, and a return call is pending. The patient and caregiver received education on Foley catheter care, hydration, medication management, infection prevention, fall precautions, and signs and symptoms of urinary tract infection, as well as when to notify the physician or seek emergency medical care for worsening symptoms, including chest pain, shortness of breath, or acute neurological changes. Both the patient and caregiver verbalized understanding of the education provided. Skilled nursing and physical therapy services will continue per the plan of care for ongoing assessment, disease management, catheter monitoring, fall prevention, strengthening, mobility training, and prevention of further functional decline and complications.
<o:p></o:p> Date of Order<o:p></o:p> 07/29<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 07/21/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34164079	07/29/2026	From: 07/29/2026 To: 09/26/2026	28368	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Joan Thompson 5401 HIGHRIDGE ST, HALETHORPE, MD 21227 443-756-6377	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">/2026<o:p></o:p> Physician Face-to-Face Date: 07/21/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Aneurysm of the ascending aorta without rupture<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Nong Libend, Christelle

SN Careplans

SN WK1: 1 (07/29/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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

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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d -

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to remain free of fall and regain strength

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's transportation needs are met

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/29/2026

Home Health Certification and Plan of Care

Order ID: 1150/20971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34164079	07/29/2026	From: 07/29/2026 To: 09/26/2026	28368	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Joan Thompson 5401 HIGHRIDGE ST, HALETHORPE, MD 21227 443-756-6377	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Transportation, M2102 - Patient Supervision, meal preparation, M2102 - Med Admin, M2102d Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, urine retention, M1610 - Urinary Catheter, M1600 - UTI, M1610 - Urinary Incontinence, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit

PROCEDURES: catheter change, care & irrigation: 16F w8th 10cc balloon, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, * 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 2 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/26/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments: Administration of HEP, wheelchair training, work simplification/energy conservation, gait training/stair training: Shorts distances with walker

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I want to get stronger.

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

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

Don/Doff Footwear - 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	07/29/2026