Home Health Certification and Plan of Care

Order ID: 1150/21001

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1X36QM8JV58	05/21/2026	From: 07/20/2026 To: 09/17/2026	25358	217058

6. Patient's Name and Address
Jean Grier
3814 Sequoia Avenue,
BALTIMORE, MD 21215-
646-750-6061

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 01/15/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/21/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	05/21/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	05/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/21/26
E78.5	Hyperlipidemia unspecified	05/21/26
E55.9	Vitamin D deficiency unspecified	05/21/26
R91.1	Solitary pulmonary nodule	05/21/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/21/26
Z87.440	Personal history of urinary (tract) infections	05/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/21/26
Z79.82	Long term (current) use of aspirin	05/21/26
Z79.4	Long term (current) use of insulin	05/21/26
Z95.5	Presence of coronary angioplasty implant and graft	05/21/26
M54.9	Dorsalgia unspecified	05/21/26
G89.29	Other chronic pain	05/21/26
D64.9	Anemia unspecified	05/21/26

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

ASPIRIN Chewable 81 mg / 1 Tablet by mouth once a day for CVA
CLOPIDOGREL 75 mg tablet by mouth once a day for CVA
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for anemia
LOSARTAN POTASSIUM 25 mg / 1 Tablet by mouth once a day for HTN
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 25 MG / 1 Tablet by mouth once a day for hypertension
ROSUVASTATIN CALCIUM 40 mg / 1 Tablet by mouth at bedtime for lipid control
Docusate Sodium - Docusate Sodium 1 tablet 100 mg by mouth once a day Constipation
Humalog - Insulin Lispro Recombinant 100 UNIT/ML / Inject 8 units subcutaneous before meal for diabetes and at bedtime for DM. Inject as per sliding scale: if 0 - 200 = 0; 201 - 250 = 2 subcutaneous; 251 - 300 = 4 subcutaneous; 301 - 350 = 6 subcutaneous; 351 - 400 = 8 subcutaneous call MD/NP for BS less than 60 and above
insulin glargine-yfgn Solution pen-injector 100 UNIT/ML / Inject 18 units subcutaneous in the evening for DM
Lidocaine - Lidocaine External Cream 4% / Apply to lower back topical every 8 hours as needed for pain

14. DME and Supplies:
4 wheeled walker, commode, cane, bath bench, , rolling walker

15. Safety Measures:
standard precautions, fall precautions, wheelchair precautions

16. Nutrition:
regular

17. Allergies:
empagliflozin fluoride lisinopril morphine lantus lipitor latex

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: Non-pitted, bilateral lower extremity , MOBILITY: N/A

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

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with hyperglycemia, 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: Patient is alert and oriented to person and partially to place/time (A&O x1-2) with noted confusion. Past medical history includes diabetes mellitus, hypertension, cerebrovascular accident (CVA), coronary artery disease (CAD), and generalized weakness. Skin is dry and intact. Patient ambulates with the assistance of a device for mobility and safety. Medication box was filled and organized by the patient's daughter. Blood glucose level was 186 this morning. Patient denies pain or discomfort, and no signs or symptoms of shortness of breath were noted. Bowel sounds are present in all four quadrants. Overall condition remains stable at this time.
 Date of Order 07/15/2026 Orders Physician Face-to-Face Date: 04/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 diabetes mellitus with hyperglycemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to weakness of bilateral upper extremity muscle strength, difficulty with balance, and the need for continued OT services to address ADLs, transfers, and bilateral upper extremity muscle strength. The patient demonstrates 4/5 MMT of bilateral upper extremities, requires a rolling walker for functional ambulation, is standby assistance for transfers and contact guard/standby assistance for dressing and bathing tasks, and remains a fall risk with a past medical history of DM2, Vitamin D deficiency, HLD, CVA, and diabetic retinopathy.
 Physician Goines, Shawnette

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shawnette Goines
5525 Eastern Ave
Baltimore, MD 21224
PHONE: 2407440001 FAX: 18882060912 NPI: 1093593196

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 : 04/25/2026

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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PT Careplans

PT WK1: 1 (07/20/26-07/25/26) ,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)

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, gait training/stair training: Ambulation indoors with RW, transfers training: .

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS

OT Careplans

OT WK1: 1 (07/20/26-07/25/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26)

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:

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 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/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:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, constipation, muscle weakness, balance deficit

PROCEDURES: Functional ambulation : Using rolling walker, Patient/caregiver recalls related purpose and schedule of medications: Medication review, cough/deep breathing exercises, therapeutic exercises: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, transfers training

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Toilet Transfer - 06. Independent, 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, Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger with the left upper extremity and grip strength

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

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

Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/15/2026