Home Health Certification and Plan of Care

Order ID: 1150/20987

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8JX8T31XP50	07/31/2026	From: 07/31/2026 To: 09/28/2026	28341	217058

6. Patient's Name and Address
Mary Baechtel
16350 Camalo Drive,
MOUNT AIRY, MD 21771-
907-343-9472

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 06/29/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G30.9	Alzheimer's disease unspecified	07/31/26

13. ICD	Other Pertinent Diagnoses	Date
F02.811	Dem in other dis classd elswhr unsp severt with agitation	07/31/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	07/31/26
F32.A	Depression unspecified	07/31/26
R45.1	Restlessness and agitation	07/31/26
I10.	Essential (primary) hypertension	07/31/26

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

BUSPIRONE HCL 10 MG Tablet by mouth not available
ENSURE Liquid by mouth not available
LEVOCETIRIZINE DIHYDROCHLORIDE 5 MG Tablet by mouth not available
RISPERDAL 1 MG Tablet by mouth not available
SENNA 8.6 MG Tablet by mouth not available
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) Capsule by mouth not available
Buspirone Hcl - Buspirone Hydrochloride 5 MG Tablet by mouth not available
DONEPEZIL HYDROCHLORIDE 10 mg 10 MG Tablet by mouth at bedtime Alzheimer's
MEMANTINE HYDROCHLORIDE 10 mg 10 MG Tablet by mouth twice a day Alzheimer's
Escitalopram Oxalate - Escitalopram Oxalate 10 MG Tablet by mouth once a day
NYSTATIN 100000 UNIT/GM External Ointment not available

14. DME and Supplies:
walker, 4 wheeled walker

15. Safety Measures:
standard precautions, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

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

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 0. Never, 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: 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 Alzheimer's disease unspecified, 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 68-year-old female referred for skilled home health physical therapy evaluation following a recent psychiatric hospitalization related to worsening cognitive symptoms, depression, suicidal ideation, and confusion, which resulted in a decline in functional mobility and overall independence. Her past medical history is significant for Alzheimer's disease, dementia with behavioral disturbance, depression, altered mood, impaired cognition, sleep disturbance, ineffective coping, and self-care deficits. The patient demonstrates significant functional limitations associated with her cognitive impairment, requiring caregiver supervision and assistance to safely perform mobility tasks and activities of daily living. Physical therapy assessment revealed bilateral lower extremity weakness, impaired balance, altered gait mechanics, decreased safety awareness secondary to cognitive impairment, and reduced activity tolerance. These deficits contribute to difficulty with bed mobility, functional transfers, and household ambulation, placing the patient at an increased risk for falls and injury. The patient's cognitive deficits further impair her ability to safely navigate her environment and independently perform functional tasks, necessitating continued caregiver support for mobility and daily activities. Skilled home health physical therapy services are medically necessary to provide therapeutic interventions focused on improving lower extremity strength, balance, gait quality, transfer safety, functional mobility, endurance, and fall prevention while providing ongoing caregiver education to promote safe mobility and reduce the risk of injury and rehospitalization. The patient would also benefit from concurrent skilled occupational therapy services to address deficits in activities of daily living, self-care performance, cognitive compensatory strategies, and overall functional independence, with the goal of maximizing safety and achieving the highest attainable level of function within the home environment.
 Date of Order 07/31/2026 Orders Physician Face-to-Face Date: 07/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Alzheimer's disease unspecified 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 - PT Notes: soc
 Physician Baffoe-Bonnie, Edna

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 07/01/2026

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 WK1: 1 (07/31/26-08/01/26) ,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: 1. Non-agency caregiver(s) currently provide assistance

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

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; 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: GG0170F1 - Toilet Transfer, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170C1 - Lying to sitting/bed, GG0170B1 - Sit to Lying, GG0170A1 - Roll left & Right, M1745 - Behavioral Issues, M1700 - Cognition, M1720 - Anxiety, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness

PROCEDURES: Gait training: 1, home exercise program: Walk in hallway/facility 5-10 minutes, 2-3 times daily with staff supervision as needed., 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Lying to sitting/bed - 01. Dependent, Sit to Stand - 01. Dependent, Chair to Bed to Chair - 01. Dependent, Toilet Transfer - 01. Dependent, Car Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To walk safely around the facility

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

Lying to sitting/bed - 01. Dependent

Sit to Stand - 01. Dependent

Chair to Bed to Chair - 01. Dependent

Toilet Transfer - 01. Dependent

Car Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/31/2026