Home Health Certification and Plan of Care

Order ID: 1150/21022

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83341596	08/01/2026	From: 08/01/2026 To: 09/29/2026	28645	217058

6. Patient's Name and Address

Althea Reynolds
3102 GWYNNS FALLS PKWY,
BALTIMORE, MD 21216-
443-414-7616

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 09/10/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D50.9	Iron deficiency anemia unspecified	08/01/26

13. ICD	Other Pertinent Diagnoses	Date
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	08/01/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/01/26
I10.	Essential (primary) hypertension	08/01/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/01/26
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	08/01/26
D86.9	Sarcoidosis unspecified	08/01/26
J84.10	Pulmonary fibrosis unspecified	08/01/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/01/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/01/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	08/01/26
Q27.33	Arteriovenous malformation of digestive system vessel	08/01/26
E78.00	Pure hypercholesterolemia unspecified	08/01/26
E43.	Unspecified severe protein-calorie malnutrition	08/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/01/26
R63.6	Underweight	08/01/26
Z68.1	Body mass index [BMI] 19.9 or less adult	08/01/26
Z79.52	Long term (current) use of systemic steroids	08/01/26
Z95.2	Presence of prosthetic heart valve	08/01/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/01/26

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

ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 1 puff by inhalation every 6 hours as needed for Wheezing
ALENDRONATE SODIUM 70 MG tablet by mouth every 7 days
AMLODIPINE 2.5 MG tablet by mouth daily
ASCORBIC ACID 500 MG tablet by mouth daily
ATORVASTATIN 40 MG tablet by mouth nightly
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG tablet by mouth every other day
LOSARTAN POTASSIUM 25 mg/tablet / Take 12.5 mg by mouth daily
Metoprolol Tartrate - Metoprolol Tartrate 25 MG tablet by mouth 2 times daily
PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth 2 times daily
Vitamin D - Ergocalciferol 50 MCG (2000 UT) / 1 Capsule by mouth daily
MULTIVITAMIN ADULT PO Take 1 tablet by mouth once a day
Albuterol Sulfate: Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) mg/3mL nebulizer solution / Take 3 mLs by nebulization every 6 hours as needed for Wheezing
Prednisolone Acetate - Prednisolone Acetate ophthalmic suspension 1 % / Place 1 drop into both eyes daily

14. DME and Supplies:

None of the above

15. Safety Measures:

bleeding precautions, activity supervision, transfer with assist, smoke detectors , emergency phone # clearly displayed, ambulates with assistance, medication safety, hand rails, bathroom safety, fall precautions, diabetic precautions, standard precautions

16. Nutrition:

soft

17. Allergies:

crestor

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Iron deficiency anemia 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 76-year-old female who is homebound following recent hospitalization due to anemia and GI bleed. Her past medical history is significant for iron deficiency anemia, GI bleed, diverticulitis, coronary artery disease (CAD), hypertension (HTN), diabetes mellitus (DM), chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, sarcoidosis, decreased cognition, transient ischemic attack (TIA), prosthetic heart valve, and osteoporosis. The patient lives alone in a multi-level home with nine steps and a railing to enter and an additional 14 steps with bilateral railings leading to the second-floor bedroom and bathroom. Leaving the home requires significant effort, and the patient requires human assistance for safety due to increased risk for falls. The patient is alert and oriented x3. Skin is dry and intact. Lung sounds are clear, respirations are even and unlabored, and no complaints were voiced. The patient is independent with bed mobility and transfers to the bed, chair, and toilet, requiring supervision for safety. She ambulates approximately 40 feet x2 on indoor surfaces without an assistive device and with supervision and is able to negotiate 14 stairs using the railing with supervision. Tinetti score is 23/28, supporting continued fall-risk monitoring and homebound status. During the physical therapy evaluation, the patient tolerated 10 repetitions of supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction, knee extension, and ankle pumps. A home exercise program was issued, and the patient was instructed to perform each exercise daily for 10 repetitions to improve strength and functional mobility. Continued home therapy is recommended to increase strength, improve safety, and promote return to independence. Occupational therapy evaluation indicates that the patient is ambulatory without an assistive device and is independent with bathing, dressing, toileting, and all transfers. Bilateral upper extremity muscle strength is 5/5 on manual muscle testing. The patient reports no difficulty with medication management or cooking tasks. Skilled OT needs are not identified at this time based on her current level of independence. The plan of care will focus on skilled home therapy as indicated for strengthening, functional mobility, fall-risk reduction, and progression toward independent function, with continued monitoring of respiratory status, endurance, safety, and functional tolerance given the patient's COPD, pulmonary fibrosis, sarcoidosis, and recent hospitalization for anemia and GI bleed.
 Date of Order 08/01/2026 Orders Physician Face-to-Face Date: 07/29/2026 Clinical Condition Requiring Home Care per

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Gin Khai
7670 Quarterfield Rd
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1003443078

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 : 07/29/2026

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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Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Iron deficiency anemia 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Khai, Gin

SN Careplans

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

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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; 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1033 - Exhaustion, constipation (GI), M1610 - Urinary Incontinence, muscle weakness (MS), limited endurance (MS), limited strength (MS), daytime fatigue (NR), B1000 - Vision Deficit, B0200 - Hearing Deficit, loss of appetite (NU)

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, 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, * strategies to increase caloric intake, 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 hearing-impaired including installing special fire-detector/CO2 alarms, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To feel better and stronger

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

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Dynamic and static standing activities : Unilateral stance, tandem stance, side stepping, tandem gait, braiding., home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To return to driving and be able to go food shopping

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

Signature of Physician:

Date

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

Date
08/01/2026

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4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 0 (08/01/26 - 08/01/26)

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

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval 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 - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/01/2026