Home Health Certification and Plan of Care

Order ID: 1150/21008

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36857895	08/01/2026	From: 08/01/2026 To: 09/29/2026	10685	217058

6. Patient's Name and Address
Lauren Bixler
203 Medbury Road,
LUTHERVILLE TIMONIUM, MD 21093-
410-252-2786

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 06/09/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J69.0	Pneumonitis due to inhalation of food and vomit	08/01/26

13. ICD	Other Pertinent Diagnoses	Date
M54.9	Dorsalgia unspecified	08/01/26
G89.29	Other chronic pain	08/01/26
D64.9	Anemia unspecified	08/01/26
I10.	Essential (primary) hypertension	08/01/26
J45.909	Unspecified asthma uncomplicated	08/01/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	08/01/26
B19.20	Unspecified viral hepatitis C without hepatic coma	08/01/26
F32.A	Depression unspecified	08/01/26
F90.9	Attention-deficit hyperactivity disorder unspecified type	08/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/01/26
G47.00	Insomnia unspecified	08/01/26
Z86.000	Personal history of in-situ neoplasm of breast	08/01/26
Z79.01	Long term (current) use of anticoagulants	08/01/26
Z79.811	Long term (current) use of aromatase inhibitors	08/01/26
Z87.891	Personal history of nicotine dependence	08/01/26

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

Pantoprazole - Pantoprazole Sodium 40 mg by mouth once a day For acid reflux
Femara - Letrozole 2.5 mg by mouth once a day
Wellbutrin Xl - Bupropion Hydrochloride 300 mg by mouth once a day
Gabapentin - Gabapentin 600 mg 600mg by mouth twice a day For nerve pain
Dilaudid - Hydromorphone Hydrochloride 4 mg 4Mg, Tablet by mouth four times per week Every 3 hours

Start - 01/16/2025 0928 end : 01/19/2025.
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 10 mg by mouth twice a day Pain
Adderall - Amphetamine Aspartate: Amphetamine Sulfate: Dextroamphetamine Saccharate: Dextroamphetamine Sulfate 30mg by mouth once a day ADHD
Ditropan - Oxybutynin Chloride 10mg by mouth at bedtime OAB
Lamictal - Lamotrigine 150 mg 150mg by mouth at bedtime
Flexeril - Cyclobenzaprine Hydrochloride 10 mg 10 mg by mouth three times a day Muscle relaxation
Memantine Hydrochloride - Memantine Hydrochloride 5 mg 5mg by mouth twice a day Dementia
Ducolax - Bisacodyl 5mg by mouth as necessary Constipation

14. DME and Supplies:
cane, walker, bath bench

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

16. Nutrition:
regular

17. Allergies:
tolterodeine

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker, Cane, 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: 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: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

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

Homebound status: Due to diagnosis of Pneumonitis due to inhalation of food and vomit, 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 admitted to home health services following recent hospitalization for pneumonia. Consents were signed by the patient. The patient is alert and oriented x3-4, with her daughter and husband identified as POA. Past medical history is significant for dementia, history of ETOH use with abstinence since 2/18/91, constipation, insomnia, aspiration pneumonia, altered mental status, fecal impaction, anemia, depression, ADHD, back pain, degenerative disc disease, history of spinal fusion surgery x2, and two past knee surgeries. The patient resides in an apartment/home with her husband, who serves as a caregiver and assists with medication administration for compliance. The patient has multiple established specialists, including neurologist Rosenberg, orthopedic specialist Neubauer, pain doctor Lovett, and psychiatrist Betsill. She is scheduled for a pain management appointment on 9/4/26 for a pain pump and has a televisit scheduled with Bloom Health Center for psychiatric follow-up. At the start-of-care assessment, the patient was noted to have altered mental status associated with dementia and pain, with forgetfulness requiring reminders. She reports daily back pain and a history of ambulation issues with imbalance, requiring supervision and use of a cane for safe ambulation and making leaving the home a taxing effort. No falls have been reported since discharge from St. Joseph on Wednesday. The patient reports sleeping well and states that her appetite is good, having eaten oatmeal that morning. She reports her last bowel movement was three days ago and has a history of constipation; she took two Dulcolax tablets that morning and reports passing gas. Abdominal tightness was reported, although no abdominal distention was noted. The patient is prescribed narcotic pain medication, and medication use was reviewed. She denies urinary discomfort but wears incontinence wear for accidents. A typed <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-medication%20list">medication list</mh> was posted in the home as a reminder, and a calendar was provided. Bruising was noted to both arms without open wounds. Slight +1 pitting edema was noted to the left ankle, with swelling also observed to the left outer knee. Irritation was noted to the left great toe and second toe, although the patient denied pain. No additional pain complaints were offered during the assessment. Written education was provided to the patient. The PT evaluation identified decreased functional strength, with bilateral lower extremity manual muscle testing at 3-/5. Prior to hospitalization, the patient was ambulating with a single-point cane and supervision and had been performing exercises related to prior functional issues. At the time of evaluation, she required minimal assistance for transfers and short-distance ambulation using a rolling walker, with verbal cues required to increase trunk extension. Impaired balance and ambulation were noted, contributing to decreased safety and independence with functional mobility. Skilled physical therapy is indicated to increase strength, improve balance, enhance safety, and promote greater independence with functional mobility with the goal of returning the patient toward her prior level of function. Skilled nursing services are ordered for medication management, with SN frequency of 1W6, and an OT evaluation has been requested. Ongoing skilled services will include continued assessment of the patient's cognitive and functional status, medication compliance and management, pain and bowel status, fall-risk prevention, safe ambulation, and coordination of care with the patient's caregivers and established medical providers.
 Date of Order <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Johnson, Abigail SN RN on 08/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Daniel Levy
1734 York Rd
Lutherville, MD 21093
PHONE: 4102522273 FAX: 14105613275 NPI: 1467470047

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 : 07/27/2026

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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14px;">08/01/2026 Orders Physician Face-to-Face Date: 07/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat s due to Pneumonitis due to inhalation of food and vomit 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:
 Physician Levy, Daniel

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) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-08/31/26)

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: 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

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:Noted in Consents

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, coughing, M1400 - Dyspnea, M1033 - Exhaustion, swelling in the arms/legs, heartburn/indigestion, muscle weakness, poor muscle tone, muscle spasms, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, involuntary movement of extremity, pain radiating to arms/legs, impaired speech, daytime fatigue, swell/redness surround. skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired: Wear reading glasses

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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: To regain balance with walking and remember when to take her medication

GOALS
patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive 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
* 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/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 patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, 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

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. Upgrade as tolerated, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit

PT Goals

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

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

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Johnson, Abigail SN RN	08/01/2026

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to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching 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 Johnson, Abigail SN RN	08/01/2026