Home Health Certification and Plan of Care

Order ID: 1150/21075

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97279722	06/08/2026	From: 08/07/2026 To: 10/05/2026	26653	217058

6. Patient's Name and Address

Parvatiben Rathod
1010 Trickling Brook Rd,
COCKEYSVILLE, MD 21030
443-841-6181

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 06/01/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	06/08/26

13. ICD	Other Pertinent Diagnoses	Date
D64.9	Anemia unspecified	06/08/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	06/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/08/26
M81.0	Age-related osteoporosis w/o current pathological fracture	06/08/26
E55.9	Vitamin D deficiency unspecified	06/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/08/26
E46.	Unspecified protein-calorie malnutrition	06/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/08/26
Z79.82	Long term (current) use of aspirin	06/08/26
Z95.2	Presence of prosthetic heart valve	06/08/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	06/08/26

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

ASPIRIN Delayed Release 81 mg tablet by mouth daily
ATORVASTATIN 10 mg tablet by mouth daily Commonly known as: LIPITOR
CARVEDILOL 12.5 MG tablet by mouth 2 times daily Commonly known as: COREG
CYANOCOBALAMIN 2500 mcg/tablet / Take 5,000 mcg by mouth daily
FAMOTIDINE 20 MG tablet by mouth 2 times daily Commonly known as: PEPCID
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 FE) mg/tablet / Take 325 mg by mouth daily
FUROSEMIDE 20 MG tablet by mouth daily Commonly known as: LASIX
GABAPENTIN 100 MG capsule by mouth nightly Commonly known as: NEURONTIN
GLIPIZIDE 5 mg/tablet / Take 2.5 mg by mouth 2 times daily before meals Commonly known as: GLUCOTROL
Lokelma 5 g Pack / Take 5 g by mouth two times per week Generic drug: sodium zirconium cyclosilicate
Magnesium Oxide 400 MG tablet by mouth once a day Commonly known as: MAG-OX
METFORMIN 500 mg/tablet / Take 1,000 mg by mouth 2 times daily with meals Commonly known as: GLUCOPHAGE
Extra Strength Tylenol - Acetaminophen 500 mg by mouth twice a day Takes 1 tablet twice a day for back pain assistance needed
TIMOLOL 0.5 % ophthalmic solution / Place 1 drop into both eyes 2 times daily Commonly known as: TIMOPTIC

14. DME and Supplies:

bath bench, cane, walker

15. Safety Measures:

remove environmental barriers, medication safety, bathroom safety, fall precautions, standard precautions, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

bactrim

18.A. Functional Limitations

Endurance, Ambulation, Hearing

18.B. Activities Permitted

Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

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: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Orthostatic hypotension, 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 73-year-old female referred for skilled home health services following a recent hospitalization secondary to syncope and a fall. Her medical history is significant for severe aortic stenosis status post transcatheter aortic valve replacement (TAVR) performed on 05/28/2026, chronic anemia, osteoporosis, type 2 diabetes mellitus, prior cerebrovascular accident (CVA), gastroesophageal reflux disease (GERD), recurrent urinary tract infections, hypertension, and orthostatic hypotension. Following her fall, the patient was newly diagnosed with a left seventh rib fracture, which has contributed to increased pain and functional limitations. She currently resides with family in a one-level home where caregiver support is available as needed. Upon assessment, the patient was noted to have generalized bilateral lower extremity weakness, impaired balance, decreased activity tolerance, reduced endurance, and altered gait mechanics following her recent hospitalization. She ambulates with the use of a cane and rolling walker, reporting that she primarily uses the cane within the home environment. Functional mobility is significantly limited by left flank pain associated with the rib fracture, decreased endurance, and unsteady balance, placing her at increased risk for falls. The patient demonstrates difficulty performing transfers, household ambulation, and other mobility-related tasks safely and independently. She requires standby assistance for sit-to-stand transfers and toilet transfers due to weakness, impaired balance, and fall risk. Occupational assessment revealed additional functional limitations affecting activities of daily living. The patient experiences difficulty with bathing and dressing tasks due to pain and limited ability to bend secondary to the left rib fracture. Bilateral upper extremity weakness was noted, with strength measured at 3+/5 on manual muscle testing. Decreased upper extremity strength, reduced activity tolerance, and impaired balance contribute to diminished independence with self-care activities and increase caregiver burden. Given the patient's recent hospitalization, history of syncope and fall, recent TAVR procedure, newly diagnosed rib fracture, generalized weakness, impaired balance, orthostatic hypotension, and multiple chronic comorbidities, skilled home health physical therapy is medically necessary to address deficits in strength, balance, gait, endurance, transfers, and overall functional mobility. Interventions will focus on lower extremity strengthening, balance retraining, gait training, transfer training, endurance conditioning, and fall prevention strategies to reduce the risk of future falls, prevent rehospitalization, and maximize safety and independence within the home environment. Skilled occupational therapy services are also warranted to address upper extremity strengthening, self-care retraining, adaptive techniques for bathing and dressing, energy conservation, safety awareness, and functional task performance. The plan of care includes ongoing skilled therapy services, patient and caregiver education regarding fall prevention and safety, monitoring of functional progress, and interventions designed to facilitate a safe return to the highest attainable level of independence.
 Date of Order 08/03/2026 Orders Physician Face-to-Face Date: 06/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Orthostatic hypotension 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 continued need for skilled PT services following TAVR, with emphasis on increasing strength and safety in mobility. The patient has demonstrated progress toward all goals but continues to require CGA for transfers and ambulation using SPC and minA for stair negotiation using rails, and would benefit from continued skilled PT services to further increase strength, improve balance, and increase safety and independence in functional mobility in order to return to PLOF.
 Physician Varghese, Sherin

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 06/04/2026

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: 1150/21075

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97279722	06/08/2026	From: 08/07/2026 To: 10/05/2026	26653	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Parvatiben Rathod 1010 Trickling Brook Rd, COCKEYSVILLE, MD 21030 443-841-6181	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/07/2026 - 08/08/2026), WK2: 1 (08/09/2026 - 08/15/2026), WK4: 1 (08/23/2026 - 08/29/2026), WK5: 1 (08/30/2026 - 09/05/2026), WK6: 1 (09/06/2026 - 09/12/2026), WK7: 1 (09/13/2026 - 09/19/2026), WK8: 1 (09/20/2026 - 09/26/2026)

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: WNL

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, limited endurance, limited strength, balance deficit

PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, 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, Sit to Stand -

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/03/2026

Home Health Certification and Plan of Care

Order ID: 1150/21075

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97279722	06/08/2026	From: 08/07/2026 To: 10/05/2026	26653	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Parvatiben Rathod 1010 Trickling Brook Rd, COCKEYSVILLE, MD 21030 443-841-6181	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/03/2026