# Home Health Certification and Plan of Care

**Order ID: 1150/21091**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 91171668 | 08/05/2026 | From: 08/05/2026 To: 10/03/2026 | 28746 | 217058 |

**6. Patient's Name and Address**
Elaine Campbell Ames
209 Spry Island Rd,
JOPPA, MD 21085-
410-375-5126

**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** 04/12/1942 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| F03.B2 | Unspecified dementia moderate with psychotic disturbance | 08/05/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 08/05/26 |
| I65.23 | Occlusion and stenosis of bilateral carotid arteries | 08/05/26 |
| E78.5 | Hyperlipidemia unspecified | 08/05/26 |
| M47.896 | Other spondylosis lumbar region | 08/05/26 |
| J70.1 | Chronic and other pulmonary manifestations due to radiation | 08/05/26 |
| N20.0 | Calculus of kidney | 08/05/26 |
| E04.2 | Nontoxic multinodular goiter | 08/05/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 08/05/26 |
| E55.9 | Vitamin D deficiency unspecified | 08/05/26 |
| M17.0 | Bilateral primary osteoarthritis of knee | 08/05/26 |
| H04.123 | Dry eye syndrome of bilateral lacrimal glands | 08/05/26 |
| Z85.3 | Personal history of malignant neoplasm of breast | 08/05/26 |
| Z86.0101 | Personal history of adeno | 08/05/26 |

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

Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox SR 1,000 MCG / 1 Tablet by mouth daily
TYLENOL 500 MG / 1 Tablet by mouth every 6 hours as needed
PROTONIX DR 40 MG / 1 Tablet by mouth 2 times a day 30 to 60 minutes before breakfast and dinner
PRAVACHOL 20 MG / 1 Tablet by mouth every evening to prevent heart attack and stroke
COZAAR 100 MG / 1 Tablet by mouth daily
Calcium Carbonate Vit D3 (CALCIUM 600 + D) 600 mg(1,500mg) -400 unit / Take 1 tablet by mouth twice a day
BIOTIN 1 MG / 1 Tablet by mouth daily
Aricept - Donepezil Hydrochloride 10 mg Take 1 tablet by mouth in the evening
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 2 Sprays in each nostril Nasal once a day
TEMOVATE 0.05 % sclp Soln / Apply to areas on scalp with hair loss topical continuous 2 times for 6 weeks then once daily. Avoid face, groin, armpits (Patient not taking: Reported on 4/29/2026)

**14. DME and Supplies:**
cane

**15. Safety Measures:**
standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device

**16. Nutrition:**
low sodium, vegetarian diet

**17. Allergies:**
Carafate Crestor Dilaudid Ketoconazole Lipitor Lisinopril Mold Extracts Norco Ox

**18.A. Functional Limitations**
None of the above

**18.B. Activities Permitted**
Cane

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 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 Unspecified dementia, moderate, with psychotic disturbance, 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 an 84-year-old female with a past medical history significant for bilateral knee osteoarthritis, unspecified dementia, hypertension, esophageal spasm, colon polyp, bilateral carotid artery stenosis, hyperlipidemia, and history of gastrointestinal hemorrhage. She is alert and oriented 4, well dressed, pleasant, and cooperative upon arrival. She denies pain, nausea, vomiting, headache, or lightheadedness; skin is warm and intact. She ambulates independently without an assistive device in the home and uses a cane when leaving the house. The patient demonstrated calm and coordinated behavior during the assessment but expressed significant concerns during medication reconciliation. Her previous pill organizer contained multiple medications that had been discontinued, and numerous expired medications were found in a drawer and given to her son for proper disposal. Her son provided a new AM/PM pill organizer, which was set up with her current medications; however, the patient expressed discomfort using the unlabeled organizer because she was unsure which medications she was taking, and her son subsequently provided her with a printed medication list. The patient also reported intermittent right-sided abdominal discomfort associated with frequent belching and expressed concern about having insufficient medication for her symptoms. She was noted to be taking her proton-pump inhibitor once daily instead of the prescribed twice-daily regimen and was educated on medication adherence and following the updated medication schedule. She lives in a clean, tidy basement area of her son's home and requires assistance with medication management to promote safe and accurate medication administration.<o:p></o:p>   Date of Order<span

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 08/05/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

**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 : 06/25/2026

**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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 06/25/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Unspecified dementia, moderate, with psychotic disturbance<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">  1 - SOC - SN Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Davis, Stephanie

## SN Careplans

SN WK1: 5 (08/05/26-08/08/26) ,WK2: 5 (08/09/26-08/15/26) ,WK3: 5 (08/16/26-08/22/26) ,WK4: 5 (08/23/26-08/29/26) ,WK5: 5 (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: 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; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, abdominal pain

## SN Goals

PATIENT-STATED GOAL: To live independently

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
* 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
* 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 08/05/2026 |

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PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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, * 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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