Home Health Certification and Plan of Care

Order ID: 1150/21083

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5N21D41GD23	08/03/2026	From: 08/03/2026 To: 10/01/2026	9919	217058

6. Patient's Name and Address
Casandra Thomas
1100 PENNSYLVANIA AVE APT 1014,
BALTIMORE, MD 21201-
443-467-5068

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 05/28/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	08/03/26

13. ICD	Other Pertinent Diagnoses	Date
M17.12	Unilateral primary osteoarthritis left knee	08/03/26
E55.9	Vitamin D deficiency unspecified	08/03/26
L29.9	Pruritus unspecified	08/03/26
L21.8	Other seborrheic dermatitis	08/03/26
L98.9	Disorder of the skin and subcutaneous tissue unspecified	08/03/26

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

Robaxin - Methocarbamol 750 mg, Take 1 to 2 tablets by mouth twice a day As needed for muscle spasm or pain.
Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-25 mg, Take 1 tablet by mouth once a day For high blood pressure.
Mucinex - Guaifenesin 600 mg, Take 1 tablet by mouth every 12 hours
Sanctura - Trospium Chloride 20 mg, Take 1 tablet by mouth twice a day
Cymbalta - Duloxetine Hydrochloride 60 mg, Take 1 capsule by mouth once a day
Lasix - Furosemide 20 mg, Take 1 tablet by mouth in the morning
Methadone - Methadone Hydrochloride 10 mg/5 mL, Take by mouth Per program - now at 27 mg by mouth as necessary
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 unit, Capsule by mouth once a day
Neurontin - Gabapentin 300 mg, Take 1 capsule by mouth three times a day
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit), Take 1 capsule by mouth once a week Every 7 days.
Lactulose - Lactulose 10 gram/15 mL, Take 15 mL by mouth twice a day with water or juice.
Acetaminophen - Acetaminophen 500mg by mouth three times a day Prn for pain 2 tablets
Fluticasone - Fluticasone Furoate 500-50 mcg/dose, Inhale 1 Puff inhalant twice a day
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL Inhl.,Use 3mls via nebulizer inhalant every 6 hours for shortness
of breath
and/or
wheezing.
Proventil - Albuterol 0.083%, Use with nebulizer inhalant every 4 hours Every 4 to 6 hours as needed for wheezing.
Proair - Proair 90 mcg/actuation, Inhale 2 puffs inhalant every 6 hours As needed for wheezing or shortness of breath.

14. DME and Supplies:
wheelchair, rolling walker, hand held shower, grab bars, commode, bath bench, 4 wheeled walker

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
co trimoxazole erythromycin pcn alprazolam lisinopril oxybutynin sulfa

18.A. Functional Limitations
Ambulation, Endurance, Balance, pain

18.B. Activities Permitted
Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

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: 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 Radiculopathy lumbar region, 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

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
Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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 : 07/30/2026

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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Clinical Condition Requiring Homecare:

The patient is a 71-year-old female with lumbar radiculopathy, newly diagnosed Parkinson's disease, and left knee osteoarthritis, presenting with significant difficulty walking, impaired balance and coordination, and decreased functional mobility following a recent hospitalization for inability to ambulate. Her medical history includes bilateral hip replacements, bilateral shoulder OA, vitamin D deficiency, dermatitis/pruritus, and chronic bilateral lower-extremity swelling. She reports daily left lower-extremity pain described as "lightning-like," aggravated by standing and walking and relieved by sitting, as well as numbness with prolonged standing. She demonstrates a markedly flexed posture during ambulation, unsteady gait, decreased strength and ROM, and difficulty maintaining an upright standing position. She ambulates approximately 25 feet with a four-wheeled cart and severe trunk flexion, 15 feet with a rolling walker under supervision, and 5 feet with a platform walker due to left shoulder discomfort. Bed mobility is independent but difficult, and transfers from the bed, bedside commode, and stool require supervision. Left knee ROM is limited to approximately 25 from full extension. She is unable to negotiate stairs and requires a wheelchair for appointments. She lives alone in an elevator-accessible apartment and receives assistance from her mother as needed. She requires increased time and frequent rest breaks to complete BADLs and is dependent for IADLs. Her Tinetti score of 13/28 indicates a high risk for falls, and she is considered homebound due to the considerable effort required to leave the home. She was educated to avoid using a rolling stool for mobility and to use a rolling walker or platform walker instead, with instruction on improving upright posture. She tolerated therapeutic exercises including supine quadriceps sets, straight-leg raises, hip flexion, and hip abduction. Skilled home health PT and OT are recommended to address impaired strength, ROM, balance, coordination, mobility, activity tolerance, safety, and functional independence, with the goal of improving ambulation, reducing fall risk, and enhancing overall quality of life.<o:p></o:p>   Date of Order<o:p></o:p> 08/03/2026<o:p></o:p> Physician Face-to-Face Date: 07/30/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Radiculopathy lumbar region<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - PT Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Wilson, Marc

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/03/26-08/08/26) ,WK2: 2 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 2 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 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

PT Goals

PATIENT-STATED GOAL: To be able to exit the apartment with my walker and go shopping

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

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 150 Feet - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
08/03/2026

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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower 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, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, Home Safety, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, involuntary movement of extremity, Pain Interference with ADLs, balance deficit

PROCEDURES: Postural training : Erect standing against wall, prone lying, Stretching to right knee and hip into extension : 5x hold to seconds, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, equipment training, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit 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, 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

4 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 - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 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 increase socialization
* recalls related medication(s) purpose, schedule

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 1 (08/03/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400

PROCEDURES: cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: Ambulate with a cane, improve balance

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
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Signature of Physician:	Date
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