Home Health Certification and Plan of Care

Order ID: 1150/21131

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35881626	08/06/2026	From: 08/06/2026 To: 10/04/2026	28697	217058

6. Patient's Name and Address

Mary Dziwulski
308 Willrich Circle Unit F,
FOREST HILL, MD 21050-
410-375-6352

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 05/10/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	08/06/26

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/06/26
I10.	Essential (primary) hypertension	08/06/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/06/26
I25.2	Old myocardial infarction	08/06/26
E46.	Unspecified protein-calorie malnutrition	08/06/26
E78.5	Hyperlipidemia unspecified	08/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/06/26
F32.A	Depression unspecified	08/06/26
Z85.3	Personal history of malignant neoplasm of breast	08/06/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	08/06/26
Z90.2	Acquired absence of lung [part of]	08/06/26
Z79.4	Long term (current) use of insulin	08/06/26
Z79.82	Long term (current) use of aspirin	08/06/26
Z87.440	Personal history of urinary (tract) infections	08/06/26

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

Venlafaxine Hydrochloride - Venlafaxine Hydrochloride Extended Release 150 MG / 1 Capsule by mouth in the morning for depression
Senna S - Senna 8.6-50 mg/tablet / Give 2 tablet by mouth at bedtime for Bowel Regime.
Pravastatin Sodium - Pravastatin Sodium 10 MG / 1 Tablet by mouth in the evening for HLD
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 8 hours as needed for Nausea and Vomiting
MULTIPLE VITAMIN 0 Give 1 tablet by mouth once a day for supplement
FAMOTIDINE 20 MG / 1 Tablet by mouth twice a day for GERD
CYANOCOBALAMIN 1000 MCG / 1 Tablet by mouth once a day for supplement
ASPIRIN 0 Low Dose Extended Release 81 MG / 1 Tablet by mouth in the morning for prophylaxis
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray in nostril Nasal as necessary every 3 minutes for suspected overdose 1 spray in one nostril. If no response 1 spray in the other nostril. if no response, call 911
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML subcutaneous before meal Inject as per sliding scale: if 150 - 199 = 1 unit; 200 - 249 = 2 units; 250 - 299 = 3 units; 300 - 349 = 4 units; 350 351 = 5 units Greater than 349 give 5 units and notify PCP, for DM

14. DME and Supplies:

rolling walker, wheelchair, hand held shower, diabetic supplies, bath bench, walker, grab bars, cane

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, activity supervision, anticoagulant precautions, cardiac precautions, hand rails, sharps precautions, supervision at all times, transfer with assist, bleeding precautions, walker precautions, medication safety, fall precautions, diabetic precautions, ambulates with device, wheelchair precautions, standard precautions, bathroom safety

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Pneumonia unspecified organism, 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 74-year-old female referred to home health services following hospitalization and subsequent subacute rehabilitation due to several weeks of progressive fatigue, generalized weakness, poor appetite, nausea and vomiting, and dysuria. Her significant past medical history includes diabetes mellitus, hypertension, hyperlipidemia, coronary artery disease with a history of NSTEMI/myocardial infarction, atherosclerotic heart disease, GERD, obesity status post gastric bypass, depression, history of left breast cancer status post resection and radiation, history of left upper lobectomy for a lung mass, metabolic encephalopathy, immunodeficiency, and prior urinary tract infection. She is alert and oriented x4 during assessment but reports episodes of forgetfulness and confusion, which are also observed/reported by her husband. The patient reports continued intermittent nausea and vomiting, fatigue, and abdominal discomfort following meals. She denies headache, dizziness, or lightheadedness at rest; however, during physical therapy-related ambulation she reported episodes of lightheadedness and shortness of breath. Skin was noted to be warm and intact, although the patient reportedly scratched both forearms to the point of bleeding the previous night, and the areas were photographed for documentation. She also sustained a bruise to the right arm following two reported falls the previous day. The patient does not recall either fall, and her husband reported requiring assistance to help her get up from the floor. The patient and husband also report that she has experienced frequent vomiting since approximately last Thanksgiving without a known cause. She has a PCP appointment scheduled for the following day and is scheduled for endoscopy and colonoscopy on 08/28/2026 for further evaluation. The patient resides with her husband in a condominium/apartment with elevator access, and her husband, a retired nurse, is her primary caregiver. She also has a dog in the home. Prior to her recent decline, the patient was independent with basic activities of daily living, functional transfers, and ambulation, using furniture for support within the home and a rolling walker for mobility as needed. She currently ambulates with a walker and demonstrates significant functional decline characterized by bilateral lower-extremity weakness, greater proximally than distally, impaired balance, decreased activity tolerance, and difficulty performing functional transfers. Objective balance testing revealed a Tinetti score of 7/28, indicating severe balance and gait impairment with a high risk for falls. She currently requires moderate to minimal assistance for transfers and demonstrates moderate unsteadiness while ambulating with a rolling walker. During ambulation, she experienced lightheadedness and shortness of breath, requiring close monitoring and hands-on assistance. The walker currently being used is bariatric-sized and does not appropriately fit the patient. Her husband has contacted the insurance provider regarding obtaining an appropriately sized walker and was advised to follow up with the equipment company and request a standard adult rolling walker that properly accommodates the patient's height and body size. The husband was instructed in safe transfer and ambulation techniques, including appropriate hand and foot placement, and was strongly encouraged to provide hands-on assistance during all mobility due to

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Angela Gardner
1517 Rock Spring Rd Ste C
Forest HIll , MD 21050
PHONE: 4108386358 FAX: 18446065122 NPI: 1679329205

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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the patient's recent falls, impaired balance, weakness, and episodes of confusion. Adequate hydration was also encouraged given her recurrent vomiting, fatigue, and reported lightheadedness. The patient utilizes a Freestyle Libre 3 Plus continuous glucose monitoring system for blood glucose monitoring. Her reported fasting blood glucose level was 200 mg/dL, and she administers insulin lispro according to a prescribed sliding scale. Medication reconciliation and review were completed with the patient and her husband, with reinforcement of medication adherence and monitoring for potential adverse effects. At night, the patient uses a PureWick external urinary management system, which helps reduce the need to get out of bed during nighttime hours and may decrease her risk of additional falls. Education was provided regarding fall prevention, safe mobility, hydration, medication management, blood glucose monitoring, and the importance of monitoring for worsening symptoms. The patient and caregiver were instructed to seek appropriate medical attention for recurrent falls, worsening weakness or confusion, persistent vomiting, significant dizziness or shortness of breath, or other acute changes in condition. Skilled physical therapy evaluation identified significant deficits in lower-extremity strength, balance, transfers, gait, and overall functional mobility. Given the patient's recent falls, severe balance impairment as evidenced by a Tinetti score of 7/28, need for assistance with transfers and ambulation, inappropriate assistive device, decreased activity tolerance, and episodes of lightheadedness and shortness of breath with exertion, she demonstrates good potential to benefit from continued skilled PT services. The plan of care is to provide skilled interventions to improve lower-extremity strength, balance, transfer ability, gait safety, endurance, and functional mobility while reducing fall risk and progressing the patient toward her prior level of independence. Continued caregiver education and training will be provided to ensure safe assistance with transfers and ambulation. Skilled occupational therapy evaluation further identified decreased standing balance, standing tolerance, bilateral upper-extremity strength, and overall activity tolerance, resulting in decreased independence with self-care activities, functional transfers, and functional ambulation compared with her prior level of function. The patient was previously independent with basic self-care, functional transfers, and functional ambulation using a rolling walker but currently requires increased assistance due to weakness, impaired balance, and reduced endurance. Continued skilled OT services are therefore recommended to address upper-extremity strength, standing tolerance, balance, activity tolerance, safety awareness, and performance of self-care and functional mobility tasks. The interdisciplinary plan of care will focus on improving the patient's safety and independence, reducing fall risk, supporting appropriate management of her chronic medical conditions, and facilitating return toward her prior level of functional independence.
 Date of Order 08/06/2026 Orders Physician Face-to-Face Date: 07/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hhadl's msw due to Pneumonia unspecified organism 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 Gardner, Angela

SN Careplans

SN WK1: 1 (08/06/26-08/08/26) ,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 (08/30/26-08/31/26)

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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, nausea/vomiting (GI), M1610 -

SN Goals

PATIENT-STATED GOAL: to walk without an assistive device and to eat without vomiting.

GOALS
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
* 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

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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/06/2026

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Urinary Incontinence, limited strength, muscle weakness, limited endurance (MS), daytime fatigue, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 3 (08/06/26-08/08/26) ,WK2: 3 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, #1 - Abrasion - Anterior Right Elbow/Forearm - Multiple small open areas from scratching, #2 - Abrasion - Anterior Left Elbow/Forearm - Caused by. Scratching

PROCEDURES: physician-ordered wound care: #2 - Abrasion - Anterior Left Elbow/Forearm - Caused by. Scratching, physician-ordered wound care: #1 - Abrasion - Anterior Right Elbow/Forearm - Multiple small open areas from scratching, Medication management : Review medication with caregiver, physician-ordered wound care: Called MD have not had a response, home exercise program: Seated laq, hip flexion, extension, abduction, hamstring curls, heelraises toe raises all 2-310 perform with resistance as tolerated., dynamic standing balance exercises: Work as tolerated on standing static dynamic balance with wt shifting reaching outside bos progress from double to single to no ue support as tolerated, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To get stronger, beagle to walk with better balance and not fall.

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 3 (08/06/26-08/08/26) ,WK2: 3 (08/09/26-08/15/26)

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

PROCEDURES: home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 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, 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, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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
* 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/06/2026

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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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
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