Home Health Certification and Plan of Care

Order ID: 1150/21157

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
691042326	08/06/2026	From: 08/06/2026 To: 10/04/2026	28705	217058

6. Patient's Name and Address
Lois Freeman
3816 Norfolk Ave,
BALTIMORE, MD 21216-
443-790-0486

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 06/07/1952 | **9.Sex** Female

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

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/06/26
N18.4	Chronic kidney disease stage 4 (severe)	08/06/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	08/06/26
E78.5	Hyperlipidemia unspecified	08/06/26
E03.9	Hypothyroidism unspecified	08/06/26
E21.1	Secondary hyperparathyroidism not elsewhere classified	08/06/26
Z21.	Asymptomatic human immunodeficiency virus infection status	08/06/26

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

ALLOPURINOL 100 MG / 1 Tablet by mouth Every day
ATORVASTATIN 40 MG / 1 Tablet by mouth Every day
CARVEDILOL 12.5 MG / 1 Tablet by mouth twice a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg elemental iron) / 1 Tablet by mouth Every 48 hours
FLUOXETINE 10 MG / 1 Capsule by mouth Every day
FOLIC ACID 1 MG / 1 Tablet by mouth Every day
FUROSEMIDE 40 MG / 1 Tablet by mouth every other day
HYDRALAZINE 50 MG / 1 Tablet by mouth three times a day
LEVOTHYROXINE 50 MCG (0.05 MG) / 1 Tablet by mouth Every day
VALSARTAN 80 MG / 1 Tablet by mouth Every day
dolutegravir-rilpivirine (Juluca) 50 MG-25 MG / 1 Tablet by mouth once a day
Hydrocortisone - Hydrocortisone 10 mg 2 tabs morning 1 tab nightly by mouth twice a day 2tabs in morning and 1 tab at night
Wegovy 9 mg by mouth once a day Kidney protection also with weight loss Increased dose to 9mg July 1.
Feosol - Ferrous Sulfate: Folic Acid Iron 28mg by mouth in the morning
Feosol bifera iron
PROCRIT 10,000 units/ml / Take 10,000 unit(s) subcutaneous every two weeks 10,009units per ml
Take 1ml
NYSTATIN Cream 100,000 units/g / 1 app topical twice a day

14. DME and Supplies:
reacher, rolling walker, walker, 4 wheeled walker, commode, grab bars, hospital bed, CPAP

15. Safety Measures:
sharps precautions, transfer with assist, smoke detectors , hand rails, ambulates with device, anticoagulant precautions, bleeding precautions, bedrails up while in bed, bathroom safety, infectious material management, no constrictive clothing, supervision at all times, walker precautions, standard precautions, medication safety, fall precautions, emergency phone # clearly displayed, electrical safety measures, ambulates with assistance

16. Nutrition:
low sodium, low cholesterol

17. Allergies:
Covid-19 (sars-cov-2) Vaccine, (sputnik) Keflex Levaquin Lexapro Iodine And Iod

18.A. Functional Limitations
Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated, Walker, Scooter

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: 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: good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
SN: family/caregiver will be responsible for managing treatment
PT: 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:

Miss Lois Freeman is a 74-year-old female with a medical history significant for HIV, hyperlipidemia, hypertension, hypothyroidism, secondary hyperparathyroidism, chronic kidney disease, chronic pancytopenia, osteoarthritis with chronic bilateral knee and shoulder pain, and diverticulosis. The patient was brought to the emergency room last week with hypothermia and altered mental status and was treated empirically for pneumonia. The patient reported that the altered mental status was related to an electrolyte imbalance. She is currently being seen for medication management, fall-prevention and safety education, dietary adherence, skin integrity monitoring, and ongoing disease-process education. The patient resides with her son, daughter-in-law, and two grandsons in a home equipped with a ramp entrance and a first-floor living arrangement. She ambulates indoors using a rollator approximately 40 feet x 2 with supervision and is able to negotiate a curb step using the rollator with supervision. Sit-to-stand transfers from the bed, chair, and bedside commode are completed with supervision. Bed mobility is performed with supervision and verbal cues to avoid use of the trapeze. Outdoor mobility and car-transfer skills were not assessed during this visit. The patient tolerated five repetitions each of supine hip flexion, bridging, hooklying rotation, straight-leg raises, hip abduction, knee extension, and ankle pumps. A Tinetti score of 12/28 indicates significant fall risk and impaired functional mobility. The patient is considered homebound due to the considerable effort required to leave the home and her need for a rollator and supervision for safe mobility. Written home exercise instructions were provided, and the patient was instructed to perform the exercises daily for 10 repetitions as tolerated. The patient would benefit from continued skilled home health therapy to improve lower-extremity strength, balance, endurance, transfer ability, and overall functional mobility while reducing fall risk. Nursing care will continue to focus on medication management and adherence, monitoring for recurrence or worsening of respiratory symptoms and changes in mental status, assessment of skin integrity, dietary adherence, chronic disease management, and reinforcement of fall-prevention and safety measures. The patient and caregivers will be educated regarding medication compliance, appropriate diet, safe use of the rollator, home safety, prescribed exercises, and signs and symptoms requiring prompt medical attention. Continued interdisciplinary home health services are indicated to support safe functional recovery and reduce the risk of rehospitalization.
 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 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 Akoto, Kwame

SN Careplans | SN Goals

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
Kwame Akoto
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: FAX: NPI: 1861536237

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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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) ,WK6: 1 (09/06/26-09/12/26) ,WK8: 1 (09/20/26-09/26/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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 ; 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.

No surgical incision present. Unable to remove
Advance Directive:No

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, swelling in legs/around eyes, abnormal blood pressure, M1610 - Urinary Incontinence, muscle weakness (MS), limited strength, limited range of motion, limited endurance, muscle spasms, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, loss of appetite, obesity, itchy skin

PROCEDURES: MEDICATION REVIEW: Medications reviewed with patient, Skin Integrity : Monitor and view skin under folds, and breasts. Ensure nystatin is being used., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, bladder training, 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, * 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: Patient states he wants to regain his strength and endurance

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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

Signature of Physician:

Date

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

Date
08/06/2026

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PT Careplans

PT WK1: 1 (08/06/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26)

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: Bed mobility training : Sit to supine and supine to sit., Family training: Bed mobility, transfers, gait, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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 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, 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To return to my own house and not be tired when I walk

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

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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/06/2026