Home Health Certification and Plan of Care

Order ID: 1150/20747

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7DK3QM6JJ74	07/20/2026	From: 07/20/2026 To: 09/17/2026	27525	217058

6. Patient's Name and Address
Linda Seybold
3362 Level Road,
CHURCHVILLE, MD 21028-
443-752-1036

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 08/27/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/20/26

13. ICD	Other Pertinent Diagnoses	Date
I44.2	Atrioventricular block complete	07/20/26
I11.0	Hypertensive heart disease with heart failure	07/20/26
I50.22	Chronic systolic (congestive) heart failure	07/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/20/26
I48.20	Chronic atrial fibrillation unspecified	07/20/26
E78.2	Mixed hyperlipidemia	07/20/26
E03.8	Other specified hypothyroidism	07/20/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/20/26
E55.9	Vitamin D deficiency unspecified	07/20/26
F41.1	Generalized anxiety disorder	07/20/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	07/20/26
G43.909	Migraine unsp not intractable without status migrainosus	07/20/26
Z95.0	Presence of cardiac pacemaker	07/20/26
Z85.3	Personal history of malignant neoplasm of breast	07/20/26
Z90.710	Acquired absence of both cervix and uterus	07/20/26
Z79.01	Long term (current) use of anticoagulants	07/20/26

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

ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for pain management not to exceed 3gm in 24hrs
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth one time a day for hold if sbp is less than 110
Apixaban 5 MG / 1 Tablet by mouth twice a day for Afib
ASCORBIC ACID 500 MG / 1 Tablet by mouth one time a day for Supplement
EZETIMIBE 10 MG / 1 Tablet by mouth at bedtime for cholesterol control
Lasix - Furosemide 40 MG / 1 Tablet by mouth one time a day for Edema
NEBIVOLOL HYDROCHLORIDE 10 MG / 1 Tablet by mouth at bedtime for HTN
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder 17 GM/SCOOP / Give 1 scoop by mouth one time a day for bowel regimen
RANOLAZINE Extended Release 500 MG / 1 Tablet by mouth two times a day for angina
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Tablet by mouth one time a day for supplement
Miralax - Polyethylene Glycol 3350 1 tablet by mouth once a day Laxative
Levothyroxine Sodium - Levothyroxine Sodium 125 MCG / 1 Tablet by mouth one time a day for hypothyroidism
Amiodarone Hcl - Amiodarone Hydrochloride 1 tablet by mouth once a day Nerve pain
Gabapentin - Gabapentin 300 mg 1 tablet by mouth once a day Nerve pain

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

15. Safety Measures:
fall precautions

16. Nutrition:
regular

17. Allergies:
angiotensis II escitalopram rosuvastatin simvastatin ace inhibitors

18.A. Functional Limitations
None of the above!Endurance!Dyspnea With Minimal Exertion!Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: Good

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: After undergoing Permanent pacemaker placement left upper chest wall, 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: Patient is an 87-year-old female referred for skilled occupational therapy services following hospitalization for the management of complete heart block with junctional escape rhythm. Her past medical history is significant for congestive heart failure (CHF), atrial fibrillation, coronary artery disease (CAD), hypertension, hypothyroidism, hyperlipidemia, edema, and vitamin D deficiency. Prior to hospitalization, the patient was independent with basic activities of daily living (ADLs), functional transfers, and functional ambulation. Upon evaluation, she demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, resulting in impaired performance of self-care tasks, functional transfers, and safe functional mobility compared to her prior level of function. These deficits place the patient at increased risk for falls and limit her ability to safely and independently complete daily activities within the home environment. Skilled occupational therapy services are medically necessary to address deficits in strength, balance, endurance, and functional performance through therapeutic interventions, ADL retraining, transfer training, energy conservation techniques, safety education, and implementation of an individualized home exercise program. The plan of care is focused on maximizing the patient's functional independence, improving safety with daily activities, reducing caregiver burden, and facilitating a safe return to her prior level of function.
 Date of Order 07/20/2026 Orders Physician Face-to-Face Date: 06/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat due to Permanent pacemaker placement left upper chest wall 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 - OT Notes: soc -ot PT Eval Notes:
 Physician Khosla, Shilpi

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shilpi Khosla
615 W Macphail Rd
Bel Air, MD 21014
PHONE: 4438437000 FAX: 14436431880 NPI: 1114922655

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 : 06/19/2026

27. Attending Physician's Signature and Date Signed **07/30/2026**: 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: 1150/20747

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7DK3QM6JJ74	07/20/2026	From: 07/20/2026 To: 09/17/2026	27525	217058

6. Patient's Name and Address
Linda Seybold
3362 Level Road,
CHURCHVILLE, MD 21028-
443-752-1036

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

OT Careplans

OT WK1: 1 (07/20/26-07/25/26) ,WK3: 1 (08/02/26-08/08/26) ,WK5: 1 (08/16/26-08/22/26) ,WK7: 1 (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: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), 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, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, constipation, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, home exercise program; Bilateral UE triceps extensions

OT Goals

PATIENT-STATED GOAL: I want to walk better

GOALS
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
* 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
* 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 living environment has safe floor coverings

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

Chair to Bed to Chair - 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

12 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 - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
07/20/2026

Home Health Certification and Plan of Care

Order ID: 1150/20747

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7DK3QM6JJ74	07/20/2026	From: 07/20/2026 To: 09/17/2026	27525	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Seybold 3362 Level Road, CHURCHVILLE, MD 21028- 443-752-1036	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

all medications in the home, home exercise program: Bilateral UE triceps extensions, armchair press-ups, biceps curls, shoulder raises 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training, assist with bathing: Skilled OT, assist with transferring: Skilled OT, coordinate/arrange repair of unsafe floor coverings

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, * 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, patient living environment has safe floor coverings, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/20/2026