Home Health Certification and Plan of Care

Order ID: 1150/21197

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32705826	06/11/2026	From: 08/10/2026 To: 10/08/2026	26190	217058

6. Patient's Name and Address
Doris Jacob-Alexander
2225 Orem Avenue,
BALTIMORE, MD 21217-
443-527-5084

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 07/01/1937 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M16.0	Bilateral primary osteoarthritis of hip	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	06/11/26
E11.9	Type 2 diabetes mellitus without complications	06/11/26
H40.9	Unspecified glaucoma	06/11/26
S72.22XD	Displ subtrochnt fx l femur subs for clos fx w routn heal	06/11/26
D50.9	Iron deficiency anemia unspecified	06/11/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/11/26
Z79.82	Long term (current) use of aspirin	06/11/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/11/26
Z91.81	History of falling	06/11/26

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

Ferosul - Ferrous Sulfate: Folic Acid 1 tablet, 325 mg by mouth three times a day Iron supplement
Losartan Potassium 100 MG tablet by mouth once a day Blood pressure
Senna 8.6 MG tablet, take 2 tablets by mouth at bedtime As needed for constipation
Metformin Hcl - Metformin Hydrochloride 1 tablet 500 mg by mouth twice a day DM
Eliquis - Apixaban 1 tablet 5 mg by mouth twice a day Blood thinner
Pantoprazole Sodium Delayed Release 40 MG tablet by mouth twice a day Gerd
Aspirin Delayed Release 81 MG tablet by mouth once a day Heart health
Amlodipine Besylate 10 MG tablet by mouth once a day Blood pressure
Gabapentin - Gabapentin 100 mg 1 capsule by mouth three times a day Nerve pain
Tramadol - Tramadol Hydrochloride 1 tablet, 50 mg by mouth every 8 hours Pain
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg / 1 Tablet Oral three times a day Blood pressure
Triamcinolone Acetonide 0.1 7.5 grams topical twice a day Apply twice a day on the legs

14. DME and Supplies:
hospital bed, walker, wheelchair

15. Safety Measures:
standard precautions

16. Nutrition:
regular

17. Allergies:
No known drug allergies

18.A. Functional Limitations
Contracture

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

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

Homebound status: Due to diagnosis of Bilateral primary osteoarthritis of hip, 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 88-year-old female referred for skilled home health physical therapy services following a recent hospitalization resulting from a fall that caused a left femur fracture requiring surgical repair. Her past medical history is significant for hypertension, diabetes mellitus, glaucoma, and osteoarthritis of the hips. The patient's postoperative recovery was complicated by gastrointestinal issues requiring blood transfusions during hospitalization. Prior to this acute event, the patient was ambulatory with a rolling walker and was generally able to navigate her home environment; however, due to chronic hip osteoarthritis, she avoided stair negotiation except when leaving the home. At the time of the physical therapy start-of-care assessment, the patient demonstrated significant functional decline compared to her prior level of function. She presented with severe bilateral lower extremity weakness, with muscle strength assessed at 2-/5 throughout both lower extremities. The patient required maximal assistance for bed mobility and was unable to safely perform transfers or achieve a standing position. Functional limitations were further impacted by complaints of left hand pain and swelling, which the patient reported began after returning home from the hospital. The left hand discomfort significantly interferes with her ability to bear weight through her upper extremities and utilize assistive devices effectively during mobility tasks. Due to profound weakness, impaired mobility, inability to transfer independently, inability to stand, and increased fall risk, the patient is currently dependent on caregiver assistance for mobility-related activities and remains at risk for further functional decline, injury, and potential rehospitalization. Skilled physical therapy services are medically necessary to address lower extremity strengthening, functional mobility training, transfer training, balance retraining, bed mobility skills, safety awareness, and fall prevention strategies. The goal of treatment is to improve strength, increase safety and independence with functional mobility, reduce caregiver burden, and facilitate the patient's return to her prior level of function within the home environment. Ongoing assessment of the patient's left hand pain and swelling is recommended, as these symptoms continue to limit participation in mobility activities and rehabilitation progress.
 Date of Order 08/07/2026 Orders Physician Face-to-Face Date: 05/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Bilateral primary osteoarthritis of hip Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to continued need for OT services to address left limited ROM, right shoulder weakness, bed mobility, sitting balance, and ADLs. The patient demonstrates weakness of the right upper extremity to 3+/5 MMT, limited ROM of left digits and left shoulder to 90 degrees of flexion, is currently bed bound, and requires assistance for bathing and dressing tasks, with dependence for transfers and toileting tasks.
 Physician Baffoe-Bonnie, Edna

SN Careplans

SN Goals

OT Careplans

OT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 05/21/2026

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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OT WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/15/26)

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:

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Unintentional Weight Loss, muscle weakness, limited range of motion, limited strength, balance deficit

PROCEDURES: Therapeutic exercises : Exercises including 1 lb dumbbells and prom/aarom of the left upper extremity, Bed mobility : Bed mobility, Patient/caregiver recalls related purpose and schedule of medications: Medication Review

TEACH PATIENT/CAREGIVER: * strategies to increase caloric intake, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Eating - 06. Independent

PATIENT-STATED GOAL: Patient wants to see use the left hand

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

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/07/2026