Home Health Certification and Plan of Care

Order ID: 1150/21220

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
71126039	08/10/2026	From: 08/10/2026 To: 10/08/2026	28594	217058

6. Patient's Name and Address

Nicole Potel-Agmann
1920 W. Fayette Street,
BALTIMORE, MD 21223-
202-288-3698

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 10/18/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G25.3	Myoclonus	08/10/26

13. ICD	Other Pertinent Diagnoses	Date
R25.1	Tremor unspecified	08/10/26
I11.0	Hypertensive heart disease with heart failure	08/10/26
I50.9	Heart failure unspecified	08/10/26
G30.9	Alzheimer's disease unspecified	08/10/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	08/10/26
F40.240	Claustrophobia	08/10/26
G62.9	Polyneuropathy unspecified	08/10/26
R42.	Dizziness and giddiness	08/10/26
G40.909	Epilepsy unsp not intractable without status epilepticus	08/10/26
I48.91	Unspecified atrial fibrillation	08/10/26
D68.69	Other thrombophilia	08/10/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/10/26
F43.23	Adjustment disorder with mixed anxiety and depressed mood	08/10/26
F41.1	Generalized anxiety disorder	08/10/26
I70.0	Atherosclerosis of aorta	08/10/26
E78.00	Pure hypercholesterolemia unspecified	08/10/26
G43.909	Migraine unsp not intractable without status migrainosus	08/10/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/10/26
E04.1	Nontoxic single thyroid nodule	08/10/26
E55.9	Vitamin D deficiency unspecified	08/10/26
H90.3	Sensorineural hearing loss bilateral	08/10/26
M19.011	Primary osteoarthritis right shoulder	08/10/26
M19.012	Primary osteoarthritis left shoulder	08/10/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	08/10/26
H01.00A	Unspecified blepharitis right eye upper and lower eyelids	08/10/26
H01.00B	Unspecified blepharitis left eye upper and lower eyelids	08/10/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	08/10/26
N32.81	Overactive bladder	08/10/26
Z79.01	Long term (current) use of anticoagulants	08/10/26

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

Budesonide-Formoterol (BREYNA) 160-4.5 mcg/actuation Inhl HFAA / Inhale 1 Puff by mouth twice a day May also inhale 1 to 2 Puffs as needed (for asthma exacerbations, in addition to twice daily maintenance dose). DO NOT EXCEED 12 inhalations in 1 day (24 hours). Rinse mouth after use.
Cardizem Cd - Diltiazem Hydrochloride SR 120 MG / 1 Capsule by mouth daily
PRAVACHOL 20 MG / 1 Tablet by mouth daily
VESICARE 5 MG / 1 Tablet by mouth daily
CELEXA 20 mg/tablet / Take 1 and one-half tablets by mouth once a day
ZYRTEC 10 mg Oral DAILY AS NEEDED
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 Units Oral DAILY
MIRALAX 17 g Oral every other day
VOLTAREN ARTHRITIS PAIN 1 % Top Gel / Apply 4 Grams to affected area(s) topical four times a day (Over-the-counter product)
FLUOCINOLONE ACETONIDE 0.01 % Top Soln topical twice a day Massage into scalp 3 days/week for itch or hair loss. Do not wash out
LIDOCAINE PAIN RELIEF 4 % Top PTMD Patch / Apply 1 patch to skin transdermal once a day May keep patch in place for up to 12 hours in a 24-hour period.

14. DME and Supplies:

large base quad cane, grab bars

15. Safety Measures:

standard precautions, medication safety, fall precautions, electrical safety measures, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Atenolol - Leg cramps 3/2022; Azithromycin - Rash; Lactulose - Flatul; Lisinopril - Reports, Reaction Unknown; Prozac [Fluoxetine Hydrochloride] - GI Symptoms; Z

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, Exercises Prescribed, Up As Tolerated

19. Mental & Psychosocial 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: 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

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Justin Capasso
815 E Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331

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 : 07/28/2026

27. Attending Physician's Signature and Date Signed **08/18/2026**: 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.

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Homebound status:

Due to diagnosis of Myoclonus, 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 90-year-old individual who recently visited the emergency room due to a urinary tract infection (UTI) and altered mental status. Past medical history includes tremors, congestive heart failure (CHF), polyneuropathy, dizziness, atrial fibrillation (AFib), thrombophilia, chronic obstructive pulmonary disease (COPD), anxiety, coronary artery disease (CAD), and osteoarthritis (OA) of the shoulders and hips. The patient ambulates approximately 40 feet on indoor surfaces without an assistive device under supervision and is able to negotiate 14 steps with a railing while descending backward. Bed mobility is independent, and transfers to the bed, chair, and toilet are performed with supervision. Outdoor mobility and car transfers were not assessed. The patient tolerated 10 repetitions of standing knee flexion, hip abduction, hip extension, plantarflexion, and squats. The patient is considered homebound due to the significant effort required to leave the home and impaired functional mobility, as evidenced by a Tinetti score of 14/28, indicating an increased risk for falls. The patient would benefit from skilled home health therapy to improve strength, balance, functional mobility, and safety and to promote a return to greater independence.
<o:p></o:p> Date of Order<o:p></o:p> 08/10/2026<o:p></o:p> Physician Face-to-Face Date: 07/28/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Myoclonus<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> Physician: Capasso, Justin

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/10/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26)

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: 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

PT Goals

PATIENT-STATED GOAL: To be able to walk without getting tired on all surfaces

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/10/2026

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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, D0160 - Depression, Home Safety, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, swelling of affected area, Pain Interference with ADLs, balance deficit

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, braiding, unilateral stance, cough/deep breathing exercises, 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, gait training on uneven surfaces, gait training/stair training, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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, patient living environment has safe floor coverings, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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

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

patient living environment has safe floor coverings

Signature of Physician:

Date

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

Date
08/10/2026