Home Health Certification and Plan of Care

Order ID: 1150/21258

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8M77FX6FG51	08/12/2026	From: 08/12/2026 To: 10/10/2026	28947	217058

6. Patient's Name and Address
Linda Krouse
1733 Sharwood Place,
CROFTON, MD 21114-
410-446-5520

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 12/19/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.816	Encounter for surgical aftcr following surgery on the GU sys	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
N13.30	Unspecified hydronephrosis	08/12/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/26
M48.00	Spinal stenosis site unspecified	08/12/26
F41.9	Anxiety disorder unspecified	08/12/26
Z43.2	Encounter for attention to ileostomy	08/12/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/12/26
Z87.891	Personal history of nicotine dependence	08/12/26

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

Cipro - Ciprofloxacin Hydrochloride eq 500 mg base 1 tab by mouth once a day
Trazadone - Trazodone Hydrochloride 150 mg by mouth in the evening
SYMBICORT 160-4.5 mcg/inh inhalation 2 (TWO) puffs by inhalation 2 times daily
PROAIR 108 (90 Base) MCG/ACT inhalation by inhalation every 6 hours as needed for Wheezing
O2 - Oxygen 2.0 liters nasal cannula continuous
ACETAMINOPHEN 650 mg Oral Q6H PRN
BUSPAR 10 MG MG PO 2 times daily
CRANBERRY 250 mg PO 1 time daily as needed
PROZAC 40 MG MG PO ONE CAPSULE EVERY DAY
SYNTHROID 25 MCG PO ONE TABLET EVERY DAY BEFORE BREAKFAST
SINGULAIR 10 MG MG PO ONE TABLET EVERY DAY
OXYBUTYNIN 5 MG MG PO ONE TABLET EVERY DAY

14. DME and Supplies:
wheelchair, rolling walker, ostomy supplies, hand held shower, bath bench, grab bars, oxygen supplies, cane

15. Safety Measures:
transfer with assist, supervision at all times, hand rails, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , , O2 precautions, medication safety, bathroom safety,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Hearing

18.B. Activities Permitted
Cane, Up As Tolerated, Exercises Prescribed, Walker, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Encounter for surgical aftercare following surgery on the genitourinary system, 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: PT SOC and admission completed for an 82-year-old female recently hospitalized at BWMC from 8/4/26 to 8/8/26 for sepsis secondary to an obstructing kidney stone, with treatment including IV antibiotics. Past medical history is significant for COPD with chronic oxygen use, extensive smoking history, recurrent UTIs, perforated diverticulitis status post total colectomy with end ileostomy, and short-term memory loss/dementia. Patient returned home with assistance from her fianc, Jay, who provides supervision most of the time; a paid aide is also expected to begin three days per week. Patient resides in a multilevel home with two steps to enter and uses a stair lift to access the second floor, where she spends most of her time and primarily eats in bed. She typically uses 2 L/min of continuous oxygen but required 3 L/min during the visit and becomes easily short of breath with activity. Patient has a walker, wheelchair, and cane but primarily relies on hand-held assistance from her fianc for ambulation and leaving the home. She has a significant history of falls, reporting 3-4 falls over the past two months and approximately 10 falls over the past year. Assessment revealed decreased bilateral lower- and upper-extremity strength, impaired balance, unsteady gait, decreased activity tolerance, difficulty with transfers and bed mobility, bilateral knee pain, decreased safety awareness, and increased fall risk. Patient requires CGA for ambulation, min assist to SBA for transfers, min assist for bed mobility, and supervision/min assist for BADLs. Medication reconciliation, home safety assessment, patient handbook review, and development of the PT/OT plan of care were completed with the patient and caregiver, who are in agreement with the plan. Patient was instructed in safe transfers, bed mobility, ambulation, fall prevention, home safety, infection warning signs, and the importance of regular short-distance ambulation to improve circulation, endurance, and overall functional mobility. Skilled PT is indicated to improve strength, balance, transfers, gait, stair negotiation, safety awareness, and functional independence, while skilled OT is indicated to improve independence with BADLs, activity tolerance, standing tolerance, and upper-extremity function. Patient is considered homebound due to cognitive deficits, limited safety awareness, need for human assistance to leave the home, impaired mobility, and high risk for falls.<o:p></o:p>   Date of Order<o:p></o:p> 0<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mohit Negi
8601 Hospital Dr
Millersville, MD 21108
PHONE: 4105538092 FAX: 14107290498 NPI: 1346285061

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 : 08/06/2026

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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Encounter for surgical aftercare following surgery on the genitourinary system<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
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class="16">1 - SOC - PT Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">OT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Negi, Mohit

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (08/12/26-08/15/26) ,WK2: 2 (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 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26) 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: 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, 7. Currently taking 5 or more medications 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 Advance Directive:Not Received PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170L1 - Walk 10 ft on Uneven Surface, M1745 - Behavioral Issues, M1700 - Cognition, M1720 - Anxiety, Home Safety, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, wheezing, M1610 - Urinary Incontinence, M1600 - UTI, painful urination, limited endurance, muscle weakness PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments: Administration of HEP, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, hip abduction, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., equipment training: Walker/ cane, gait training/stair training, transfers training, assist with fall prevention: teach falls risk reduction strategies, coordinate/arrange repair of unsafe floor coverings	PATIENT-STATED GOAL: To improve walking ability GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver* 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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/12/2026

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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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

* Kegel exercises
* skin care
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 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

Picking Up Object - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 1 (08/12/26-08/15/26) ,WK3: 1 (08/23/26-08/29/26) ,WK5: 1 (09/06/26-09/12/26) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/10/26)

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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: UE strengthening exes and deep breaths, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to get stronger with therapy

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

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

Don/Doff Footwear - 05. Setup or clean-up assistance

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	08/12/2026