

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	
7DK3QM6JJ74		07/20/2026		From: 07/20/2026 To: 09/17/2026	
				4. Medical Record No.	
				27525	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Linda Seybold			HomeCentris Healthcare LLC		
3362 Level Road,			10 Crossroads Drive, Suite 102		
CHURCHVILLE, MD 21028-			Owings Mills, MD 21117-8284		
443-752-1036			410-321-8448		
			1487113239		
8. DOB			9. Sex		
08/27/1938			Female		
11. ICD			Date		
Z48.812			07/20/26		
Principal Diagnosis			Encntr for surgical afctr following surgery on the circ sys		
13. ICD			Date		
I44.2			07/20/26		
Atrioventricular block complete					
I11.0			07/20/26		
Hypertensive heart disease with heart failure					
I50.22			07/20/26		
Chronic systolic (congestive) heart failure					
I25.10			07/20/26		
AthscI heart disease of native coronary artery w/o ang pctrs					
I48.20			07/20/26		
Chronic atrial fibrillation unspecified					
E78.2			07/20/26		
Mixed hyperlipidemia					
E03.8			07/20/26		
Other specified hypothyroidism					
G47.33			07/20/26		
Obstructive sleep apnea (adult) (pediatric)					
E55.9			07/20/26		
Vitamin D deficiency unspecified					
F41.1			07/20/26		
Generalized anxiety disorder					
M48.061			07/20/26		
Spinal stenosis lumbar region without neurogenic claud					
G43.909			07/20/26		
Migraine unsp not intractable without status migrainosus					
Z95.0			07/20/26		
Presence of cardiac pacemaker					
Z85.3			07/20/26		
Personal history of malignant neoplasm of breast					
Z90.710			07/20/26		
Acquired absence of both cervix and uterus					
Z79.01			07/20/26		
Long term (current) use of anticoagulants					
14. DME and Supplies:			15. Safety Measures:		
rolling walker, hand held shower, grab bars, bath bench, commode, 4 wheeled walker			fall precautions		
16. Nutrition:			17. Allergies:		
regular			angiotensis II escitalopram rosuvastatin simvastatin ace inhibitors		
18.A. Functional Limitations			18.B. Activities Permitted		
None of the above!Endurance!Dyspnea With Minimal Exertion!Ambulation			No Restrictions		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations					
Psychosocial Status: 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:			22.B.Discharge Plans		
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.			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: <div>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.</div> </div><div>Date of Order</div><div>07/20/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 06/19/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat due to Permanent pacemaker placement left upper chest wall</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - OT Notes: soc -ot</div><div>PT Eval Notes:</div><div> </div><div>Physician</div><div>Khosla, Shilpi</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/20/2026					
24. Physician's Name and Address			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.		
Shilpi Khosla			F2F date : 06/19/2026		
615 W Macphail Rd					
Bel Air, MD 21014					
PHONE: 4438437000 FAX: 14436431880 NPI: 1114922655					
27. Attending Physician's Signature and Date Signed			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.		
08/14/2026 Date of physician last face-to-face			PAGE 1 of 3		

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			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			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 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		
an medications in the home, home exercise program, bilateral EL kneeps 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