Home Health Certification and Plan of Care

Order ID: 1150/21322

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5FY1FA6QF21	08/07/2026	From: 08/07/2026 To: 10/05/2026	28430	217058

6. Patient's Name and Address
Gloria Hammacher
2500 Ambler Rd,
DUNDALK, MD 21222-
410-285-5868

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 08/03/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.153	Pressure ulcer of sacral region stage 3	08/07/26

13. ICD	Other Pertinent Diagnoses	Date
S61.512D	Laceration without foreign body of left wrist subs encntr	08/07/26
J90.	Pleural effusion not elsewhere classified	08/07/26
J18.8	Other pneumonia unspecified organism	08/07/26
J44.0	Chr obstructive pulmon disease with (acute) lower resp infct	08/07/26
I11.9	Hypertensive heart disease without heart failure	08/07/26
N18.9	Chronic kidney disease u	08/07/26
D63.1	Anemia in chronic kidney disease	08/07/26
G62.9	Polyneuropathy unspecified	08/07/26
S22.31XD	Fracture of one rib right side subs for fx w routn heal	08/07/26
K22.9	Disease of esophagus unspecified	08/07/26
K22.70	Barrett's esophagus without dysplasia	08/07/26
E44.0	Moderate protein-calorie malnutrition	08/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/07/26
K59.01	Slow transit constipation	08/07/26
D69.6	Thrombocytopenia unspecified	08/07/26
E16.2	Hypoglycemia unspecified	08/07/26
E55.9	Vitamin D deficiency unspecified	08/07/26
F17.210	Nicotine dependence cigarettes uncomplicated	08/07/26
Z85.89	Personal history of malignant neoplasm of organs and systems	08/07/26

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

ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for pain not to exceed 3g in 24 hours
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth one time a day for HTN hold if SBP is less than 100 or HR is less than 50
GLYCOLAX Powder / Give 1 packet by mouth every 24 hours as needed for constipation
Eucerin Advanced Repair External Cream (Emollient) Apply to BUE &BLE topical once a day every day shift for DRY SKIN

14. DME and Supplies:
commode, bath bench, walker, hand held shower, rolling walker, cane,

15. Safety Measures:
bathroom safety, medication safety, fall precautions, walker precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
SN: patient will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure ulcer of sacral region stage 3, 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 80-year-old female with a significant past medical history including heart failure, Barrett's esophagus/gastroesophageal reflux disease, chronic peripheral neuropathy/polyneuropathy, COPD, pneumonia, hypertensive heart disease, chronic kidney disease, anemia, vitamin D deficiency, history of smoking, and hypoglycemia. She was referred to home health following a recent acute hospitalization and subsequent skilled nursing/subacute rehabilitation stay related to a fall, with associated right rib fractures, skin tear with bleeding, left wrist laceration, sacral ulcer, poor nutritional intake with ongoing gastrointestinal symptoms, nausea/vomiting, and recurrent left pleural effusion. The patient resides in a two-story single-family home with her son and three steps to enter with a railing. Prior to her recent decline, she was independent with bed mobility, transfers, basic activities of daily living, and functional ambulation using a rollator, required supervision for instrumental activities of daily living, and drove short distances. Upon arrival for the home health visit, the patient was seated in a living room chair watching television and was alert and oriented x4. She denied pain but reported persistent soreness of the lower back. Vital signs were temperature 97.3F temporal, pulse 60 bpm, blood pressure 108/64 mmHg in the right arm, and oxygen saturation 92%. Respiratory assessment revealed diminished breath sounds at the bases on one assessment, while another assessment documented lungs as clear to auscultation. Bowel sounds were present, and the patient reported her last bowel movement was yesterday. Bilateral lower-extremity varicose veins, left ankle edema, delayed capillary refill greater than 3 seconds, and poor skin turgor were noted. The patient reports wearing an adult diaper routinely for urinary management but states she is aware of when she voids and uses the diaper primarily for convenience, with occasional stress incontinence. She reports that she is currently taking no medications. Medication review and assessment were completed, and the patient was admitted to home health services; however, she is declining skilled nursing services at this time. Functionally, the patient demonstrates significant decline from her prior level of independence. Physical therapy evaluation identified bilateral lower-extremity weakness, decreased endurance requiring frequent rest periods, impaired balance, difficulty with transfers, and impaired functional mobility. Tinetti balance and gait assessment score was 12/28, indicating significant fall risk, and Timed Up and Go (TUG) was 27 seconds, consistent with impaired functional mobility and increased risk for falls. The patient ambulates with a rollator and demonstrates diminished step length, forward-flexed posture, forefoot or flat-foot landing, and difficulty negotiating stairs. She also demonstrates decreased standing tolerance and requires increased effort with transfers. Despite these deficits, the patient demonstrates good motivation and rehabilitation potential. Occupational therapy evaluation further identified decreased standing balance and tolerance, reduced bilateral upper-extremity strength,

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
John Loh
1124 Mace Ave
Baltimore, MD 21221
PHONE: 4103916996 FAX: 14106876877 NPI: 1306852827

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 : 07/20/2026

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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and decreased overall activity tolerance, resulting in reduced independence with self-care, functional transfers, and functional ambulation compared with her prior baseline. The patient's stated goals include being able to shower independently and safely clean herself after cooking. Skilled OT services are recommended to address strength, balance, endurance, safety awareness, functional mobility, and ADL performance, with the goal of maximizing independence and facilitating return toward her prior level of function. Skilled physical therapy is likewise indicated to address lower-extremity weakness, impaired balance, gait abnormalities, transfer difficulty, decreased endurance, stair negotiation, and fall risk. The patient was assessed and educated regarding safety and fall-prevention strategies, safe use of the rollator, energy conservation, activity pacing, and the importance of monitoring changes in respiratory status, edema, skin integrity, nutrition, bowel/bladder function, and overall condition. Continued interdisciplinary home health therapy is recommended to improve functional safety and independence, reduce fall risk, promote safe mobility within the home, and support the patient's goal of returning to her prior level of functional independence.
 Date of Order 08/07/2026 Orders Physician Face-to-Face Date: 07/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's, msw due to Pressure ulcer of sacral region stage 3 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Loh, John

SN Careplans

SN WK1: 1 (08/07/26-08/08/26)

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: 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

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: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, weak pulses in feet, dependent edema, lung sounds not clear, M1400 - Dyspnea, limited strength, muscle weakness, limited endurance, balance deficit, B1000 - Vision Deficit, rough/scaly/cracked skin, bruising/discoloration, pallor

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I just want to get back to my normal everyday."

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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/07/2026

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PT WK2: 1 (08/09/26-08/15/26) ,WK3: 2 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26) ,WK10: 1 (10/04/26-10/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Medication reviewed with pt and caregiver, home exercise program: Seated tes use cuff weights and theraband as tolerated for laq, hip flexion, hip abduction, hamstring curls, heelraises, toe raises, standing with ue support hip flexion, hamstring curls, hip abduction, heelraises 2-310 all tes, dynamic standing balance exercises: Perform dynamic standing balance exercises progressing to single and no ue support focus wt shifting reaching outside bos, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: Pt goal to shower herself to be able to clean up after myself when cooking

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (08/09/26-08/15/26) ,WK4: 1 (08/23/26-08/29/26) ,WK6: 1 (09/06/26-09/12/26) ,WK8: 1 (09/20/26-09/26/26) ,WK10: 1 (10/04/26-10/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review : Medication reviewed with patient with no medications being taken currently, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, 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, 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, 12 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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

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

12 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 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	08/07/2026