Home Health Certification and Plan of Care

Order ID: 1150/20926

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10003613	07/27/2026	From: 07/27/2026 To: 09/24/2026	28320	217058

6. Patient's Name and Address
Lucy DeHaven
327 Lord Byron Lane Apt 102,
COCKEYSVILLE, MD 21030
410-919-3532

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 12/28/1937 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J15.4	Pneumonia due to other streptococci	07/27/26

13. ICD	Other Pertinent Diagnoses	Date
J45.909	Unspecified asthma uncomplicated	07/27/26
E87.1	Hypo-osmolality and hyponatremia	07/27/26
I11.0	Hypertensive heart disease with heart failure	07/27/26
I50.32	Chronic diastolic (congestive) heart failure	07/27/26
E78.49	Other hyperlipidemia	07/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/27/26
I27.20	Pulmonary hypertension unspecified	07/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/27/26
M19.90	Unspecified osteoarthritis unspecified site	07/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/27/26
Z99.81	Dependence on supplemental oxygen	07/27/26
Z79.51	Long term (current) use of inhaled steroids	07/27/26
Z79.82	Long term (current) use of aspirin	07/27/26
Z95.2	Presence of prosthetic heart valve	07/27/26
Z86.19	Personal history of other infectious and parasitic diseases	07/27/26

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

Aspirin-Dipyridamole Extended Release 12 Hour 25-200 MG / 1 Capsule by mouth twice a day for DVT
Metoprolol Tartrate - Metoprolol Tartrate 100 MG / 1 Tablet by mouth two times a day for Hypertension Hold for SBP less than 110 or HR less than 60
Milk Of Magnesia - Simethicone Suspension Give 30 ml by mouth every 24 hours as needed for constipation
NIFEDIPINE Extended Release 60 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP less than 110 or HR less than 60
OMEPRAZOLE Delayed Release 40 MG / 1 Capsule by mouth one time a day for GERD
SIMVASTATIN 40 MG / 1 Tablet by mouth one time a day for HLD
SUCRALFATE 1 GM / 1 Tablet by mouth with meals for GERD for 21 Days
Sodium Chloride - Sodium Chloride 1 GM / 1 Tablet by mouth once a day for SIADH
REFRESH TEARS Ophthalmic Solution / Instill 1 drop in both eyes three times a day for dry eyes
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT (Fluticasone-Umeclidinium-Vilanterol) 1 puff inhale orally one time a day for Asthma
Albuterol Sulfate - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution / 2 puff inhale orally every 6 hours as needed for Asthma/SOB/Wheezing

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

15. Safety Measures:
supervision at all times, standard precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Penicillin G(07/02/2026)

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Independent at Home, Up As Tolerated

19. Mental & Pyschosocial 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: No

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

Homebound status: Due to diagnosis of Pneumonia due to other streptococci, 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 with a significant past medical history of asthma, hypertension, hyperlipidemia, coronary artery disease, chronic diastolic heart failure, gastroesophageal reflux disease (GERD), prior cerebrovascular accident (CVA), cardiac valve replacement, pulmonary hypertension, and recent acute hypoxic respiratory failure secondary to rhinovirus infection with superimposed bacterial pneumonia complicated by septic shock and syndrome of inappropriate antidiuretic hormone secretion (SIADH). The patient was referred for skilled home health physical therapy evaluation following hospitalization and subacute rehabilitation due to a marked functional decline, generalized weakness, impaired mobility, and decreased overall functional independence. Assessment revealed bilateral lower extremity weakness, impaired balance, decreased endurance with dyspnea on exertion, and altered gait mechanics requiring the use of a walker for safe ambulation. These impairments have resulted in difficulty performing bed mobility, transfers, and safe household ambulation, significantly increasing the patient's risk for falls and further functional decline. Skilled physical therapy is medically necessary to implement a comprehensive rehabilitation program focused on lower extremity strengthening, balance training, gait retraining, transfer training, endurance conditioning, energy conservation techniques, and fall prevention strategies. Patient education was provided regarding mobility safety, proper use of the walker, activity pacing, and fall prevention measures to promote safe functional mobility. The plan of care is to continue skilled home health physical therapy to maximize functional independence, improve mobility and safety, enhance activity tolerance, reduce fall risk, and minimize the likelihood of rehospitalization while supporting the patient in returning to her highest attainable level of function.
 Date of Order 07/27/2026 Orders Physician Face-to-Face Date: 07/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Pneumonia due to other streptococci 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 - PT Notes: soc
 Physician Tansinda, James

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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 : 07/07/2026

27. Attending Physician's Signature and Date Signed **08/05/2026**: 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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PT Careplans

PT WK1: 3 (07/27/2026 - 08/01/2026), WK2: 4 (08/02/2026 - 08/08/2026), WK3: 1 (08/09/2026 - 08/15/2026), WK4: 1 (08/16/2026 - 08/21/2026)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited endurance, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PT Goals

PATIENT-STATED GOAL: not to go back to the hospital

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

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

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

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up 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

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

Date
07/27/2026

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PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up 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
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