Home Health Certification and Plan of Care

Order ID: 1150/21409

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6PH2FU8JD17	06/20/2026	From: 08/19/2026 To: 10/17/2026	12741	217058

6. Patient's Name and Address

Marie Sudbrook
814 Old Riverside Rd,
Brooklyn, MD 21225-
443-854-1498

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 12/31/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G11.9	Hereditary ataxia unspecified	06/20/26

13. ICD	Other Pertinent Diagnoses	Date
M47.26	Other spondylosis with radiculopathy lumbar region	06/20/26
E03.9	Hypothyroidism unspecified	06/20/26
E78.5	Hyperlipidemia unspecified	06/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/20/26
I48.91	Unspecified atrial fibrillation	06/20/26
I50.9	Heart failure unspecified	06/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	06/20/26
F33.41	Major depressive disorder recurrent in partial remission	06/20/26
K59.09	Other constipation	06/20/26
H91.90	Unspecified hearing loss unspecified ear	06/20/26
Z91.81	History of falling	06/20/26

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

Amlodipine Besylate - Amlodipine Besylate 5 MG, Give 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for HTN Hold for SBP less than 100
Docusate Sodium - Docusate Sodium 100 MG, Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for constipation hold for lose stool
Aspirin 81Mg - Aspirin 81 MG, Oral Tablet Chewable, Give 1 tablet by mouth in the morning
Tums - Simethicone Tablet Chewable 500 MG, Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for Indigestion
Alendronate Sodium - Alendronate Sodium 70 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every Fri for Osteoporosis
Atorvastatin Calcium - Atorvastatin Calcium 40 MG, Give 1 tablet by mouth at bedtime
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride Give 17 gram, powder by mouth once a day Give 17 gram by mouth every 24 hours as needed for bowel regimen
Acetaminophen - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain *Use caution w/ APAP total daily dose greater than 3,000mg*
Cyanocobalamin - Cyanocobalamin 1000 MCG, Give 1 tablet by mouth once a day
Amiodarone Hcl - Amiodarone Hydrochloride 200 MG, Give 1 tablet by mouth once a day
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG, Give 1 tablet by mouth once a day
Cholecalciferol Oral Tablet 25 MCG (1000 UT) 25 MCG (1000 UT), Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Pantoprazole Sodium - Pantoprazole Sodium 40 MG, Give 1 tablet by mouth twice a day
Sennosides - Senna 8.6 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for bowel regimen hold for lose stool
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg by mouth once a day
Lidocaine - Lidocaine 4% Patch, Apply to lower back topically topical once a day Apply to lower back topically one time a day for Pain On for 12 hours, off for 12 hours and remove per schedule

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, grab bars

15. Safety Measures:

wheelchair precautions, standard precautions, hand rails, fall precautions, bleeding precautions, avoid temperature extremes, ambulates with device, , walker precautions, smoke detectors , medication safety, emergency phone # clearly displayed, ambulates with assistance, transfer with assist, supervision at all times, bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

duloxetine erythormycin

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFLs, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hereditary ataxia unspecified, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Leopoldine Modjo Kenmogne
3001 Hospital Dr
Cheverly, MD 20785
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444

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 : 06/18/2026

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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Marie Sudbrook 814 Old Riverside Rd, Brooklyn, MD 21225- 443-854-1498	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient reports a fall on 08/14/2026 while returning to bed from the bathroom in the early morning; she was ambulating while holding onto the walls, lost her balance while passing through the doorway, and fell after the door frame broke when she attempted to grab it. She was able to crawl to the bed and return to bed independently. Assessment revealed no apparent injury, although the patient reported generalized soreness. She was instructed to avoid ambulating without assistance and to use her walker at all times; recommendations were also made to consider a second walker or wheelchair for the second floor and/or additional handrails for improved safety. No medication or insurance changes were reported. Skilled PT interventions included seated, standing, and upper-extremity therapeutic exercises; safe transfer training with emphasis on hand/foot placement, forward weight shift, and reaching back before sitting; gait training with a walker on level surfaces with CGA; stair training using bilateral handrails with close SBA; dynamic balance activities with CGA; and education regarding fall prevention, home safety, pain management, energy conservation, and use of ice to the right hip and knee with appropriate skin protection and monitoring. The patient demonstrated good recall and compliance with her HEP, with a copy left in the home and instructions to perform exercises twice daily. Over the 60-day certification period, the patient has demonstrated modest improvement in functional mobility, with Tinetti Gait and Balance score improving from 14/28 to 19/28 and Timed Up and Go improving from 23 to 19 seconds; however, she continues to demonstrate unsteady gait secondary to cerebellar ataxia and remains at high risk for falls, as evidenced by her recent fall. Patient is recertified for home PT at 1x/week for 9 additional weeks to maximize functional mobility, safety, and independence, with anticipated discharge upon reaching maximum potential.<o:p></o:p>   Date of Order<o:p></o:p> 08/17/2026<o:p></o:p> Physician Face-to-Face Date: 06/18/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Hereditary ataxia unspecified<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>
4 - Recertification PT Notes: due to unsteady gait secondary to cerebellar ataxia and remains at high risk for falls<o:p></o:p> Physician: Modjo Kenmogne, Leopoldine

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (08/19/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) 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: WFLs 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, 9. Other risk(s) not listed in 1- 8 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	PATIENT-STATED GOAL: To be able to walk safely GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Shower/Bathe Self - 05. Setup or clean-up assistance 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/17/2026

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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: difficulty sleeping, involuntary movement of extremity, balance deficit

PROCEDURES: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls. UE therex, forward punch, overhead reach, elbow curls, horizontal AB/AB, wrist pronation/supination, equipment training: Walker, w/c, 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 - 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up 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

Toileting Hygiene - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

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

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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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