Home Health Certification and Plan of Care

Order ID: 1150/21457

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37354685	04/22/2026	From: 08/20/2026 To: 10/18/2026	25048	217058

6. Patient's Name and Address
Janet Clemons
2018 Rudy Serra Drive Unit A,
Sykesville, MD 21784-
657-461-0506

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 02/23/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.61XD	Disp fx of lateral malleolus of r fibula 7thD	04/22/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/22/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/22/26
N18.2	Chronic kidney disease stage 2 (mild)	04/22/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/22/26
E78.49	Other hyperlipidemia	04/22/26
F41.9	Anxiety disorder unspecified	04/22/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/22/26
Z87.440	Personal history of urinary (tract) infections	04/22/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/22/26
Z91.81	History of falling	04/22/26

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

COZAAR 100 mg / 1 Tablet by mouth daily
CRESTOR 40 mg / 1 Tablet by mouth daily to prevent heart attack and stroke
Procardia Xl - Nifedipine 60 mg / 1 Tablet by mouth daily
JARDIANCE 25 mg/tablet / Take half tablet by mouth every morning
Fenofibrate (LOFIBRA) 160 mg / 1 Tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 units by mouth once a day
Asa 81Mg - Aspirin 2 tablet by mouth once a day
Glucotrol Xl - Glipizide 5 mg/tablet / Take 2 tablets by mouth daily with breakfast
TENORMIN 50 mg / 1 Tablet by mouth daily

14. DME and Supplies:
rolling walker, wheelchair, hospital bed, grab bars, commode, cane, bath bench

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
amlodipine besylate aspirin atorvastatin codeine metformin

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
No Restrictions

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: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with routine healing, 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 a73-year-old female with a right trimalleolar ankle fracture status post surgical intervention and a medical history significant for hypertension, CKD stage 2, hyperlipidemia, and recurrent falls. She continues to benefit from skilled occupational and physical therapy services to address deficits in ADLs, transfers, bilateral upper-extremity and lower-extremity strength, balance, gait, endurance, and functional mobility. The right ankle fracture continues to impact her ability to safely perform shower transfers, bathe independently, and complete IADLs. She ambulates with a rolling walker and standby assistance but continues to demonstrate fear of falling and uses a wheelchair when feeling unsteady. During the past two weeks, therapy visits have been limited due to unsuccessful attempts to coordinate scheduled visits by phone/text and two additional visits when the patient was not present in the home. A 30-day PT re-evaluation was completed, with the patient demonstrating progress in functional mobility following the right lower-extremity orthopedic procedure. Skilled HHPT has focused on therapeutic exercise for gastroc/lower-extremity strengthening, ankle ROM, postural and cardiopulmonary endurance; neuromuscular re-education for weight shifting and motor control; dynamic balance training; and gait training to improve step length, heel-to-toe progression, upright posture, and reduce guarding. The patient is now able to ambulate short household distances without an assistive device, although she continues to demonstrate a mid-guard gait pattern, persistent gastroc weakness, and decreased overall endurance. She reports gradual back fatigue with prolonged standing and ambulation. Dynamic standing balance remains Fair+, and ongoing deficits continue to affect safe and independent functional performance. The patient would like to transition from a hospital bed to a regular bed. Continued skilled therapy is appropriate to progress gait, balance, strength, endurance, bed mobility, transfers, and overall functional independence.<o:p></o:p>   Date of Order<o:p></o:p> 08/19/2026<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Faryal Nadeem
7141 Security Blvd
Windsor Mill, MD 21244
PHONE: 800-777-7904 FAX: NPI: 1699138537

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 : 04/15/2026

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;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> Physician Face-to-Face Date: 04/15/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hhadl's due to Displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with routine healing<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 OT Notes: to address deficits in ADLs, transfers, bilateral upper-extremity strength, balance, and functional ambulation PT Eval Notes:<o:p></o:p> Physician: Nadeem, Faryal

SN Careplans	SN Goals

PT Careplans	PT Goals
PT 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 (09/20/26-09/22/26)	PATIENT-STATED GOAL: to get back to walking safely
08/25/2026 Problems : 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) GG0170M1 - 1 - Step (curb) GG0170M1 - 1 - Step (curb) GG0170N1 - 4 Steps GG0170O1 - 12 Steps GG0170P1 - Picking Up Object GG0170E1 - Chair to Bed to Chair	GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 1 - Step (curb) - 05. Setup or clean-up assistance Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent
PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, lunges and seated/standing knee flexion and extension within tolerance. 30 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover., gait training/stair training, transfers training	Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent
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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 05. Setup or clean-up assistance, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent	Picking Up Object - 06. Independent

OT Careplans	OT Goals
OT 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)	PATIENT-STATED GOAL: Patient wants to bathe in the shower independently
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	GOALS Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 06. Independent
CAREGIVER:	Don/Doff Footwear - 06. Independent
HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past	Oral Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/19/2026

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6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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, 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 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

08/19/2026 Problems : balance deficit
muscle weakness
limited endurance

PROCEDURES: Functional ambulation : Rolling walker/cane, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, therapeutic exercises: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, transfers training: Sit to stand transfer and shower transfer

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Toileting Hygiene - 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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