

Home Health Certification and Plan of Care				Order ID: 1150/20739	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00005613		07/22/2026		From: 07/22/2026 To: 09/19/2026	
4. Medical Record No.		5. Provider No.			
28030		217058			
6. Patient's Name and Address Wilhelmina Heathcote 2503 Christian Street, Baltimore, MD 21223 667-518-1564			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 03/24/1951			9. Sex Female		
11. ICD S72.001D			Principal Diagnosis Fx unsp part of nk of r femr subs for clos fx w routn heal		
13. ICD Z96.641 I10. I25.10 L89.151 E78.5 D64.9 M19.90 E83.51 E55.9 H40.9 Z79.01 Z86.718 Z87.11			Other Pertinent Diagnoses Presence of right artificial hip joint Essential (primary) hypertension AthscI heart disease of native coronary artery w/o ang pctrs Pressure ulcer of sacral region stage 1 Hyperlipidemia unspecified Anemia unspecified Unspecified osteoarthritis unspecified site Hypocalcemia Vitamin D deficiency unspecified Unspecified glaucoma Long term (current) use of anticoagulants Personal history of other venous thrombosis and embolism Personal history of peptic ulcer disease		
14. DME and Supplies: walker, commode			15. Safety Measures: standard precautions, walker precautions, bathroom safety, fall precautions, ambulates with device		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: No Known Allergies		
18.A. Functional Limitations Ambulation!Hearing			18.B. Activities Permitted Walker,		
19. Mental & Psychosocial 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: Fair					
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			22.B.Discharge Plans SN and PT: patient will be responsible for managing treatment OT: family/careg		
Homebound status:			Due to diagnosis of Fracture of unspecified part of neck of right femur, 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 a 75-year-old female who is homebound following an elective right total hip arthroplasty on 06/10/2026, with a medical history significant for hypertension (HTN), coronary artery disease (CAD), and hyperlipidemia (HLD). She was hospitalized for surgery and subsequently discharged to a rehabilitation facility, where her recovery was complicated by a gastrointestinal bleed secondary to ulcers. The patient resides with her daughter in a multi-level home with five steps at the entrance and the bedroom and bathroom located on the second floor. She is alert and oriented 3, with clear lung sounds and even, unlabored respirations. The right hip incision is healed and closed; however, swelling is present away from the incision site, and X-rays were obtained at the physician's office yesterday. She denies any additional complaints. The patient ambulates with a rolling walker under supervision on the first floor for approximately 30 feet and with supervision on the second floor for approximately 15 feet while holding onto objects; use of a cane on the second floor has been recommended. She requires supervision for bed mobility, transfers, stair negotiation (14 steps with bilateral handrails), and assistance with bathing and dressing, utilizing a reacher and sock aid for lower body dressing. Upper extremity strength is 4/5 bilaterally. Her Tinetti score of 11/28 indicates a high fall risk, and she requires an assistive device and human assistance when leaving the home due to the considerable effort required and safety concerns. The patient tolerated therapeutic exercises, including supine and standing strengthening activities, and was educated on hip precautions, including avoiding leg crossing, hip rotation, and hip flexion beyond 90 degrees. She would benefit from continued skilled home health therapy to improve strength, mobility, balance, safety, and functional independence with progression to cane use on all surfaces. Date of Order		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 07/22/2026			25. Date HHA Received Signed POT		
24. Physician's Name and Address Victoria Steiner-Larsen 5411 Old Frederick Rd Baltimore, MD 21229 PHONE: 4103692000 FAX: 14103692008 NPI: 1578558359			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 : 07/05/2026		
27. Attending Physician's Signature and Date Signed 08/12/2026 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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">07/22/2026Physician Face-to-Face Date: 07/05/2026Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl dx: Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healingHomebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave homePT Eval Notes:OT Eval Notes:Physician: Steiner-Larsen, Victoria</p></div>

SN Careplans

SN WK1: 1 (07/22/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/20/26)

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

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

SN Goals

PATIENT-STATED GOAL: To be able to get back to my happy life again

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/22/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal electrolyte panel, muscle weakness, B1000 - Vision Deficit, obesity, swell/redness surround. skin PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, 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	
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PT Careplans PT WK1: 1 (07/22/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/20/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair PROCEDURES: Hip precautions : Keep legs apart, no leg crossing, no hip flexion greater than 90, home exercise program: supine quad sets, glut sets, hip abduction, bridging, hip flexion, standing knee flexion, hip abduction, plantarflexion, squats, sitting knee extension, ankle pumps., gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance	PT Goals PATIENT-STATED GOAL: To be able to walk with my cane inside and outside GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance 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 Car Transfer - 05. Setup or clean-up assistance
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OT Careplans OT WK2: 1 (07/26/26-08/01/26) ,WK5: 1 (08/16/26-08/20/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, 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: Transfer training: Sit to stand, tub/shower and commode transfers, Functional ambulation : Using rolling walker, 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 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, 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, Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely	OT Goals PATIENT-STATED GOAL: Patient wants to get into the shower bettee;Patient wants to get into the shower better GOALS 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 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 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 Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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