Home Health Certification and Plan of Care

Order ID: 1150/21595

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99315974	08/25/2026	From: 08/25/2026 To: 10/23/2026	29518	217058

6. Patient's Name and Address

Wanda Quick
2217 Clove Terrace,
Baltimore, MD 21209-
443-525-7786

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 01/16/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
Z95.828	Presence of other vascular implants and grafts	08/25/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	08/25/26
I73.9	Peripheral vascular disease unspecified	08/25/26
I95.81	Postprocedural hypotension	08/25/26
I10.	Essential (primary) hypertension	08/25/26
E78.5	Hyperlipidemia unspecified	08/25/26
E03.9	Hypothyroidism unspecified	08/25/26
M85.80	Oth disrd of bone density and structure unspecified site	08/25/26
M19.90	Unspecified osteoarthritis unspecified site	08/25/26
J98.11	Atelectasis	08/25/26
M51.379	Other intervertebral disc degeneration lumbosacral region	08/25/26
Z86.0100	Personal history of colonic polyps	08/25/26
Z79.82	Long term (current) use of aspirin	08/25/26
Z79.891	Long term (current) use of opiate analgesic	08/25/26
Z79.890	Hormone replacement therapy	08/25/26
Z87.01	Personal history of pneumonia (recurrent)	08/25/26
Z96.0	Presence of urogenital implants	08/25/26
Z91.81	History of falling	08/25/26

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

LODINE 500 MG / 1 Tablet by mouth 2 times a day with meals
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) / 1 Tablet by mouth daily
oxyCODONE IR (OXYIR) 5 MG capsule by mouth as necessary every 6 hours
ASPIRIN Chewable 81 MG / 1 Tablet by mouth once a day Chew and swallow
LIPITOR 40 MG / 1 Tablet by mouth daily for cholesterol and heart protection
Synthroid - Levothyroxine Sodium 75 MCG / 1 Tablet by mouth every morning 30 minutes before a meal
AUVI-Q 0.3 mg/0.3 mL Inj AutoInjector / Inject 0.3 mL intramuscular as necessary for severe allergic reaction
NORVASC 10 MG / 1 Tablet by mouth daily
Vitamin D - Ergocalciferol - by mouth once a day
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox - by mouth once a day

14. DME and Supplies:

None of the above

15. Safety Measures:

smoke detectors , hand rails, fall precautions, bleeding precautions, transfer with assist, sharps precautions, medication safety, emergency phone number prominently displayed, activity supervision, anticoagulant precautions, bathroom safety, ambulates with device, walker precautions, standard precautions, cardiac precautions, ambulates with assistance

16. Nutrition:

low sodium

17. Allergies:

Lisinopril, Penicillins

18.A. Functional Limitations

Ambulation, Endurance,

18.B. Activities Permitted

Partial Weight Bearing, Transfer bed/Chair

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

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

Homebound status:

Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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 08/25/2026

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 : 08/21/2026

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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Clinical Condition Requiring Homecare:

Skilled home health PT and OT evaluations were completed for a 69-year-old female status post axillobifemoral bypass for peripheral vascular disease (PVD) and abdominal aortic aneurysm (AAA), following a recent hospitalization complicated by acute blood loss anemia and postoperative hypotension requiring ICU-level resuscitation and blood transfusion. Prior to hospitalization, patient was independent with household mobility and activities of daily living; she currently demonstrates bilateral lower-extremity weakness, decreased endurance, altered gait mechanics, easy fatigability, impaired balance, and decreased left shoulder range of motion and strength following the recent procedure. Patient requires supervision and caregiver assistance with functional mobility, ADLs, and IADLs and requires specialized transportation for community access, with current deficits contributing to increased fall risk and reduced functional independence. The home environment is well maintained without significant safety hazards. Skilled PT interventions included functional mobility and transfer training, gait safety, lower-extremity strengthening, endurance training, fall prevention, and home exercise program instruction. OT focused on improving independence with IADLs, functional endurance, balance, and upper-extremity function, with recommendations for a shower chair and grab bars to improve safety with tub transfers when medically permitted. Patient and caregiver were educated regarding postoperative precautions, pain and medication management, infection and other medical warning signs, admission procedures, fall prevention, and when to contact the physician. Continued skilled PT and OT are recommended to improve strength, endurance, balance, safe functional mobility, and independence while facilitating a safe transition at home and progression toward prior level of function.
<o:p></o:p> Date of Order<o:p></o:p> 08/25/2026<o:p></o:p> Physician Face-to-Face Date: 08/21/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Encounter for surgical aftercare following surgery on the circulatory system<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>   1 - SOC - PT Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Nadeen, Faryal

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (08/25/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) 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: 2. Non-agency caregiver(s) need training/supportive services to 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;	PATIENT-STATED GOAL: Not to go back to hospital GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026

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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:Do not resuscitate (DNR) orders

08/26/2026 Problems : GG0170F1 - Toilet Transfer
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
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170D1 - Sit to Stand
limited strength (MS)
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
muscle weakness
limited endurance
M2102d - Caregiver Performs Treatment
M1033 - Exhaustion
M2102c - Med Admin

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. 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, teach/coordinate/arrange medication packaging and/or administration

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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06.

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

caregiver administers and/or packages medications appropriately

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) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
08/25/2026

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Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 2 (08/25/26-08/29/26) ,WK2: 2 (08/30/26-09/05/26) ,WK3: 2 (09/06/26-09/12/26) ,WK4: 2 (09/13/26-09/19/26) ,WK5: 2 (09/20/26-09/26/26)

08/26/2026 Problems : Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
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: ADL training: ADL training, home exercise program: theraband and 1-2 lbs weight ex's with handout, equipment training, work simplification/energy conservation, wound vacuum, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, how to achieve wound healing including cleaning and dressing wound, position changes, skin care, diet modification and preventing pressure ulcer recurrence, record wound measurements, 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: To be able to walk better and be independent

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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026