Home Health Certification and Plan of Care

Order ID: 1150/21562

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
71113725	08/20/2026	From: 08/20/2026 To: 10/18/2026	29217	217058

6. Patient's Name and Address
Beverly Edwards
4 Duncroft Place Apt TC,
Baltimore, MD 21236-
410-710-1221

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 04/12/1963 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	08/20/26

13. ICD	Other Pertinent Diagnoses	Date
J96.21	Acute and chronic respiratory failure with hypoxia	08/20/26
J96.22	Acute and chronic respiratory failure with hypercapnia	08/20/26
M54.16	Radiculopathy lumbar region	08/20/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/20/26
I50.32	Chronic diastolic (congestive) heart failure	08/20/26
N18.2	Chronic kidney disease stage 2 (mild)	08/20/26
J43.2	Centrilobular emphysema	08/20/26
E78.5	Hyperlipidemia unspecified	08/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/20/26
F32.A	Depression unspecified	08/20/26
F41.9	Anxiety disorder unspecified	08/20/26
J98.11	Atelectasis	08/20/26
M99.73	Conn tiss and disc stenos of intvrt foramin of lumbar region	08/20/26
Z99.81	Dependence on supplemental oxygen	08/20/26
Z79.52	Long term (current) use of systemic steroids	08/20/26
Z87.891	Personal history of nicotine dependence	08/20/26

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

ROXICODONE 5 MG / 1 Tablet by mouth every 12 hours as needed for severe pain
MOTRIN 600 MG / 1 Tablet by mouth every 6 hours as needed. with food.
PAXIL 10 MG / 1 Tablet by mouth daily
HYZAAR 100-12.5 MG / 1 Tablet by mouth daily
Cholecalciferol, Vitamin D3, (DIALYVITE) 125 mcg (5,000 unit) / 1 Capsule by mouth once a day
NEURONTIN 300 mg by mouth three times a day

14. DME and Supplies:
cane

15. Safety Measures:
fall precautions

16. Nutrition:
regular

17. Allergies:
lisinopril

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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 63-year-old female referred to skilled home health occupational and physical therapy services following hospitalization secondary to sciatica with acute right-sided buttock pain radiating distally along the right lower extremity to the foot, consistent with significant right-sided radiculopathy. The patient's medical history is significant for obesity, hypertension, chronic obstructive pulmonary disease (COPD), and chronic respiratory failure. Prior to hospitalization, the patient lived independently in an apartment and was employed full-time as a correctional officer. She was independent with activities of daily living (ADLs), functional transfers, and functional ambulation without reported assistance and was functioning at her prior level of independence. At the time of assessment, the patient demonstrates a decline in functional status characterized by decreased standing balance, reduced standing tolerance, bilateral upper and lower extremity weakness, decreased overall activity tolerance, difficulty with functional mobility and ambulation, and difficulty negotiating steps. These deficits have resulted in reduced independence and safety with ADLs, functional transfers, and household mobility compared with her prior level of function. The patient continues to report acute and significant pain involving the right buttock with radiation down the right lower extremity to the foot. Radicular symptoms are exacerbated with trunk flexion, extension, and lateral bending, although the patient reports comparatively less pain with trunk extension. Due to the severity and persistence of symptoms, the patient's functional mobility and tolerance for activity remain limited. During the PT assessment, the patient was instructed in positioning and symptom-management strategies, including lying prone on the bed with a firm pillow positioned under the waist and abdomen to allow slight trunk flexion and monitoring whether this position decreases distal radicular symptoms and promotes centralization of pain toward the lumbar/right buttock region. If tolerated and if symptoms improve, the patient was instructed to gradually transition toward prone extension. Education was provided regarding performing these movements cautiously and discontinuing or modifying the activity if symptoms significantly worsen. Given the persistent radicular pain and functional limitations, consultation with an orthopedic spine specialist was recommended for further assessment and management. Skilled OT and PT services are medically necessary to address the patient's impaired balance, weakness, decreased standing and activity tolerance, pain-related functional limitations, impaired ambulation, difficulty negotiating steps, and reduced independence with ADLs and functional transfers. The plan of care is to provide skilled therapeutic intervention, functional mobility and transfer training, strengthening, balance and endurance activities, ADL retraining, safety education, pain-management strategies, and instruction in an appropriate home exercise program, with progression as tolerated. The overall goal is to improve the patient's safety, functional mobility, activity tolerance, and independence and facilitate return toward her prior level of functional independence while monitoring her respiratory status and response to activity due to her COPD and chronic respiratory failure.
 Date of Order 08/20/2026 Orders Physician Face-to-Face Date: 08/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, ot-eval & treat due to Chronic obstructive pulmonary disease with (acute) exacerbation 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 - OT Notes: soc - OT PT Eval

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Oluwakemi Ajide
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: 410-933-7666 NPI: 1184919151

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 : 08/12/2026

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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Notes:
 Physician Ajide, Oluwakemi

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK2: 1 (08/23/26-08/29/26) ,WK3: 2 (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) 08/25/2026 Problems : Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea 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) GG0170N1 - 4 Steps GG0170O1 - 12 Steps GG0170P1 - Picking Up Object GG0170E1 - Chair to Bed to Chair PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, home exercise program: Working on prone position with pillow under waist and abdomen several times daily if pain begins to approximate towards origin slowly use smaller pillow to event no pillow to promote extension as tolerated, gait training on uneven surfaces, 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, 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. Independent, Picking Up Object - 06. Independent	PATIENT-STATED GOAL: To get rid of my back pain and return to work 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/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 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 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

OT Careplans	OT Goals
OT WK1: 1 (08/20/26-08/22/26) ,WK3: 1 (08/30/26-09/05/26) ,WK5: 1 (09/13/26-09/19/26) ,WK7: 1 (09/27/26-10/03/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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	PATIENT-STATED GOAL: I want to get back to work GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 * 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/20/2026

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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

08/21/2026 Problems : GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
D0160 - Depression

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with lower body dressing: Skilled OT

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, 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) - 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 - 06. Independent, Upper Body Dressing - 06. Independent

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 - 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 - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/20/2026