Home Health Certification and Plan of Care

Order ID: 1150/21522

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
999168858	08/21/2026	From: 08/21/2026 To: 10/19/2026	28790	217058

6. Patient's Name and Address
Mildred Wright
7016 Windsor Mill Rd,
Gwynn Oak, MD 21207-
443-616-1801

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 12/24/1942 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.142D	Displ intertroch fx l femur subs for clos fx w routn heal	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/21/26
I50.9	Heart failure unspecified	08/21/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/21/26
N18.32	Chronic kidney disease stage 3b	08/21/26
D12.6	Benign neoplasm of colon unspecified	08/21/26
E78.00	Pure hypercholesterolemia unspecified	08/21/26
H40.1112	Primary open-angle glaucoma right eye moderate stage	08/21/26
H40.1123	Primary open-angle glaucoma left eye severe stage	08/21/26
H31.012	Macula scars of posterior pole (post-traumatic) left eye	08/21/26
H25.813	Combined forms of age-related cataract bilateral	08/21/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/21/26
Z79.01	Long term (current) use of anticoagulants	08/21/26
Z91.81	History of falling	08/21/26

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

Acetaminophen - Acetaminophen 500mg- 1 tablet by mouth every 6 hours As needed for pain
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP less than 100, HR less than 60
BRIMONIDINE TARTRATE Ophthalmic Solution 0.2 % / Instill 1 drop in both eyes twice a day for Glaucoma
DORZOLAMIDE HYDROCHLORIDE Ophthalmic Solution 2-0.5 % / Instill 1 drop in both eyes three times a day for Glaucoma
GLIPIZIDE 10 MG / 1 Tablet by mouth two times a day for DM 30 minutes before meals
Hydralazine Hydrochloride - Hydralazine Hydrochloride 100 MG / 1 Tablet by mouth every 2 hours for HTN Hold for SBP less than 100, HR less than 60
LOVASTATIN 10 mg 20 MG / 1 Tablet by mouth at bedtime for Hyperlipidemia
Metformin Hcl - Metformin Hydrochloride 500 MG / 1 Tablet by mouth two times a day for DM
Tramadol Hcl - Tramadol Hydrochloride 25 MG Tablet by mouth every 8 hours as needed for pain. 5-10/10

14. DME and Supplies:
4 wheeled walker, bath bench, walker

15. Safety Measures:
smoke detectors , hip precautions, emergency phone # clearly displayed, ambulates with assistance, activity supervision, bathroom safety, hand rails, transfer with assist, standard precautions, walker precautions, medication safety, diabetic precautions, fall precautions, ambulates with device

16. Nutrition:
cardiac diet

17. Allergies:
lisinopril morphine cinnamon Shellfish Derived Products shrimp activated charco

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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
SN and OT: family/caregiver will be responsible for managing treatment PT: pat

Homebound status:
Due to diagnosis of Displaced intertrochanteric fracture of left 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:
<p class="15"><span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;mso-font-kerning:1.0000pt;">Patient is an 83-year-old female with a past medical history significant for hypertension, chronic kidney disease stage 3, type 2 diabetes mellitus, and glaucoma, recently discharged from subacute rehabilitation following hospitalization for a fall resulting in a left femur fracture requiring surgical repair. Patient is currently staying with family in a one-level home without stairs and plans to return to her own residence once fully recovered. Upon assessment, patient was alert and oriented 4, seated in a wheelchair, and denied pain at the time of visit, although some trembling was noted with sit-to-stand activity. Vital signs were within acceptable parameters, with temperature 97.2F, SpO 99% on room air, and pulse 62 bpm. Lungs were clear to auscultation, bowel sounds were audible, pulses were palpable, skin was warm and intact, and surgical incisions were completely healed; trace bilateral lower-extremity edema was noted. Prior to hospitalization, patient ambulated without an assistive device, with occasional use of a single-point cane outdoors. Currently, she ambulates short distances with a rolling walker and requires contact guard assistance for transfers and ambulation, with verbal cues to improve upright posture. Bilateral lower-extremity strength is decreased at approximately 3-/5, contributing to impaired balance and functional mobility. Patient is independent with upper- and lower-body dressing and toileting hygiene/clothing management, requires setup assistance for showering, and minimal assistance for tub transfers; safety education was provided regarding sideways entry into the tub. Bilateral upper-extremity strength is 5/5, and no further skilled OT services are indicated at this time. Skilled PT is medically necessary to improve lower-extremity strength, balance, gait, transfers, safety, and functional independence and to facilitate return toward the patient's prior level of function.<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Tyrone Wizzard
1221 Mercantile Ln
Upper Marlboro, MD 20774
PHONE: 3016185500 FAX: NPI: 1942887161

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 : 08/13/2026

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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Mildred Wright 7016 Windsor Mill Rd, Gwynn Oak, MD 21207- 443-616-1801	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date:
08/13/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Displaced intertrochanteric fracture of left femur,
subsequent encounter for closed fracture with routine healing<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Homebound Status per
Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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class="15">1 - SOC -
SN Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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;">OT EVal
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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;">Wizzard,
Tyrone

SN Careplans

SN WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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,

SN Goals

PATIENT-STATED GOAL: "I want to be more independent again."

GOALS
patient self-administers medications as prescribed
* 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
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026

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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:YES

08/24/2026 Problems : limited range of motion (MS)
swelling of affected area (MS)
muscle weakness (MS)
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
limited strength
limited endurance
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M1610 - Urinary Incontinence

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 4 (08/21/26-08/22/26) ,WK2: 4 (08/23/26-08/29/26)

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To get back to prior level of function

GOALS
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 - 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

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (08/23/26-08/29/26)

08/28/2026 Problems : GG0170P1 - Picking Up Object
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
Pain Effect on Sleep
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400 - Dyspnea

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: OT eval only

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

1 - Step (curb) - 02. Substantial/maximal assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026

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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, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, 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

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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