Home Health Certification and Plan of Care

Order ID: 1150/21621

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
81188092	08/26/2026	From: 08/26/2026 To: 10/24/2026	29500	217058

6. Patient's Name and Address

Mary Smith
2714 Longwood Street,
BALTIMORE, MD 21216-
410-523-3217

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 03/30/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/26/26

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	08/26/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/26/26
N18.30	Chronic kidney disease stage 3 unspecified	08/26/26
N17.9	Acute kidney failure unspecified	08/26/26
D63.1	Anemia in chronic kidney disease	08/26/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	08/26/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/26/26
E78.00	Pure hypercholesterolemia unspecified	08/26/26
C34.91	Malignant neoplasm of unsp part of right bronchus or lung	08/26/26
C79.9	Secondary malignant neoplasm of unspecified site	08/26/26
D24.9	Benign neoplasm of unspecified breast	08/26/26
N13.30	Unspecified hydronephrosis	08/26/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/26/26
I95.1	Orthostatic hypotension	08/26/26
I25.2	Old myocardial infarction	08/26/26
M85.80	Oth disrd of bone density and structure unspecified site	08/26/26
I70.0	Atherosclerosis of aorta	08/26/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/26/26
E21.3	Hyperparathyroidism unspecified	08/26/26
R33.9	Retention of urine unspecified	08/26/26
Z79.82	Long term (current) use of aspirin	08/26/26
Z79.4	Long term (current) use of insulin	08/26/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/26/26
Z79.891	Long term (current) use of opiate analgesic	08/26/26
Z79.899	Other long term (current) drug therapy	08/26/26
Z87.891	Personal history of nicotine dependence	08/26/26
Z87.440	Personal history of urinary (tract) infections	08/26/26
Z87.442	Personal history of urinary calculi	08/26/26
Z87.01	Personal history of pneumonia (recurrent)	08/26/26

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

SENNA 8.6 mg/tablet / Take 2 tablets by mouth nightly Commonly known as: SENOKOT
ACETAMINOPHEN 325 mg/tablet / Take 2 tablets by mouth every 6 hours as needed for Fever (temp in PRN comment) (for fever > 38.0 and notify physician). Indications: Pain Commonly known as: TYLENOL
ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 1-2 puffs by inhalation every 6 hours as needed for Wheezing Commonly known as: VENTOLIN HFA
AMLODIPINE 2.5 MG tablet by mouth daily Commonly known as: NORVASC
ASPIRIN 81 MG / 1 Tablet by mouth daily Indications: Diabetes For diagnoses: Type 2 diabetes mellitus without complication, without long-term current use of insulin (CMS/HHS-HCC)
ATORVASTATIN 40 MG / 1 Tablet by mouth nightly Indications: Nonfamilial Hypercholesterolemia. Commonly known as: LIPITOR
DULOXETINE HYDROCHLORIDE Delayed Release 30 MG capsule by mouth daily Commonly known as: CYMBALTA
FARXIGA 10 MG tabs by mouth daily Generic drug: Dapagliflozin
FUROSEMIDE 40 MG tablet by mouth 2 times daily Commonly known as: LASIX
GABAPENTIN 100 mg/capsule / Take 2 capsules by mouth 3 times daily Commonly known as: NEURONTIN
LISINOPRIL 5 MG tablet by mouth daily Commonly known as: ZESTRIL
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 HR 25 MG tablet by mouth daily Commonly known as: TOPROL XL
ONDANSETRON Disintegrating 8 MG tablet by mouth every 8 hours as needed Commonly known as: ZOFRAN-ODT
OXYCODONE Immediate Release 5 MG tablet by mouth every 6 hours as needed for Pain Commonly known as: ROXICODONE
PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth daily Commonly known as: PROTONIX
PROCHLORPERAZINE 10 MG tablet by mouth 4 times daily as needed Commonly known as: COMPAZINE
Spiriva Respimat - Tiotropium Bromide 2.5 MCG/ACT Aers inhaler / Take 2 puffs by inhalation daily Generic drug: tiotropium
SPIRONOLACTONE 25 MG tablet by mouth daily Commonly known as: ALDACTONE
Albuterol - Albuterol 2.5 mg/3mL nebulizer solution / Take 3 mLs inhalant as necessary every 6 hours by nebulization for Wheezing.
Insulin Nph - Insulin Susp Isophane Recombinant Human 100 units/mL suspension / Inject 7 Units subcutaneous twice a day before meals. Commonly known as: HumuLIN N

14. DME and Supplies:

rolling walker, commode, cane

15. Safety Measures:

standard precautions, sharps precautions, medication safety, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

penicillin cipro amoxicillin dicloxacillin ranitidine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, Exercises Prescribed, 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: 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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 08/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherell Mason
815 E. Pratt Street
Baltimore , 0 21202
PHONE: 4106375700 FAX: 14106374661 NPI: 1750375481

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 : 08/20/2026

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:

The patient is a 79-year-old female recently discharged from the hospital following treatment for a urinary tract infection (UTI) with urinary retention, right lower abdominal pain, generalized weakness, and two reported falls. A CT scan performed during the hospitalization reportedly revealed no acute abnormality. Her significant medical history includes type 2 diabetes mellitus, hypertension, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), hyperlipidemia/hypercholesterolemia, prior myocardial infarction (MI), congestive heart failure (CHF) with an ejection fraction of approximately 25%, abdominal aortic aneurysm (AAA), and metastatic lung cancer. She is currently receiving chemotherapy and is followed by Gilchrist palliative care. The patient resides with her son and daughter in a multi-level townhouse with 11 steps to enter and the bedroom and bathroom located on the second floor. A railing is present along the stairs; however, the bottom railing is missing for the first four steps, creating a significant safety concern. Installation of an appropriate railing was recommended to improve stair safety. The patient presents with generalized weakness, impaired balance, decreased endurance, and impaired functional mobility following her recent hospitalization. She ambulates approximately 30 feet on level indoor surfaces using a rolling walker with supervision and demonstrates a flexed trunk posture. Bed mobility and transfers to the bed or chair are completed with supervision. She is able to ascend approximately 14 steps using a cane and railing with supervision. During stair descent, she initially utilizes bilateral railings but subsequently sits on the stairs and descends the remaining steps on her buttocks with supervision, demonstrating substantial difficulty and increased fall risk. Outdoor mobility and car-transfer abilities were not assessed during the evaluation. Her Tinetti score is 14/28, reflecting impaired balance and a high risk for falls. The patient is considered homebound because leaving the home requires significant and taxing effort due to her weakness, impaired balance and gait, need for a rolling walker and supervision, and difficulty negotiating the stairs required to exit the residence. The patient tolerated 10 repetitions of a supine therapeutic exercise program consisting of hip flexion, bridging, hooklying rotation, straight-leg raises, hip abduction, knee extension, and ankle pumps. Skilled physical therapy is indicated to address lower-extremity weakness, balance impairment, decreased endurance, gait and transfer deficits, and difficulty with stair negotiation. The PT plan of care will emphasize progressive therapeutic exercise, gait and transfer training, stair training, balance activities, home exercise program instruction, fall-prevention strategies, and home-safety education to improve functional mobility and maximize safe independence. Continued caregiver supervision and assistance are recommended for higher-risk mobility activities, particularly stair negotiation, until the patient's strength, balance, and safety improve. Occupational therapy evaluation further identified limitations in the patient's ability to safely perform activities of daily living. She currently requires standby assistance for upper-body dressing, contact guard to minimal assistance for lower-body dressing, and standby assistance for toileting hygiene and clothing management. She requires standby assistance for sit-to-stand and toilet transfers, with verbal cues for appropriate upper- and lower-extremity placement to improve transfer safety and technique. Assistance is required for tub transfers and bathing, and the patient is expected to obtain a shower chair to improve safety and reduce fall risk during bathing. She ambulates with a rolling walker and standby assistance. Bilateral upper-extremity strength is decreased to approximately 3+/5 on manual muscle testing, contributing to difficulty with functional transfers, dressing, bathing, and other daily activities. Skilled OT services are appropriate to address upper-extremity strengthening, ADL retraining, transfer and bathroom safety, energy conservation, adaptive techniques, fall prevention, and proper use of durable medical equipment. Overall, the plan of care is directed toward improving the patient's strength, endurance, balance, functional mobility, and ability to safely perform ADLs while reducing fall risk and caregiver burden and supporting the highest achievable level of independence in the home environment.
 Date of Order 08/26/2026 Orders Physician Face-to-Face Date: 08/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 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 - PT Notes: soc OT Eval Notes:
 Physician Mason, Sherell

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/26/26-08/29/26) ,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) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: 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 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

PT Goals

PATIENT-STATED GOAL: Get a new rail and be able to get around by myself

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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/26/2026

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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:Living Will

08/26/2026 Problems : GG0170F1 - Toilet Transfer
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
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
GG0170D1 - Sit to Stand
M1600 - UTI
M1610 - Urinary Catheter
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
limited endurance
limited strength
urine retention
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, equipment training, gait training/stair training, transfers training, coordinate/arrange repair of unsafe floor coverings

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient living environment has safe floor coverings, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06.

patient living environment has safe floor coverings

caregiver performs medical/rehabilitation treatments with adequate competence

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 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/26/2026

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Independent

OT Careplans

OT 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) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26)

08/31/2026 Problems : 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: Therapeutic exercises : Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, Transfer training: Sit to stand transfers, toliet transfers and tub transfers, Functional ambulation : Using rolling walker, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, work simplification/energy conservation

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 - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrates improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve Adls and transfers safely

OT Goals

PATIENT-STATED GOAL: Patient want to get stronger

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 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

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Patient will demonstrates improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve Adls and transfers safely

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