Home Health Certification and Plan of Care

Order ID: 1150/21655

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
93247246	08/27/2026	From: 08/27/2026 To: 10/25/2026	29487	217058

6. Patient's Name and Address

Deborah Davis
6600 Dalton Dr,
Gwynn Oak, MD 21207-
202-486-1357

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 10/20/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M17.11	Unilateral primary osteoarthritis right knee	08/27/26

13. ICD	Other Pertinent Diagnoses	Date
M54.50	Low back pain unspecified	08/27/26
G89.29	Other chronic pain	08/27/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/27/26
I10.	Essential (primary) hypertension	08/27/26
F32.A	Depression unspecified	08/27/26
E78.5	Hyperlipidemia unspecified	08/27/26
M85.80	Oth disrd of bone density and structure unspecified site	08/27/26
E55.9	Vitamin D deficiency unspecified	08/27/26
E53.8	Deficiency of other specified B group vitamins	08/27/26
E66.01	Morbid (severe) obesity due to excess calories	08/27/26
Z68.35	Body mass index [BMI] 35.0-35.9 adult	08/27/26
Z79.4	Long term (current) use of insulin	08/27/26
Z87.891	Personal history of nicotine dependence	08/27/26

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

ACETAMINOPHEN 325 mg/tablet / Take 2 tablets by mouth every 4 hours as needed for Pain. Tylenol not to exceed 4gm in 24 hours
Atorvastatin Calcium - Atorvastatin Calcium 80 MG / 1 Tablet by mouth in the evening for hyperlipidemia
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP < 100, HR < 60
ERGOCALCIFEROL 200 MCG/ML / Give 6.25 ml by mouth one time a day every Fri for Vitamin D Deficiency
FOLIC ACID 1 MG / 1 Tablet by mouth one time daily for supplement
LANTUS 100 UNIT/ML / Inject 32 unit subcutaneously one time a day for DM2 Inject into the skin every morning.
Insulin Lispro Injection Solution 100 UNIT/ML / Inject 6 unit subcutaneous before meal and at bedtime for diabetes.
Lacosamide - Lacosamide 100 MG / 1 Tablet by mouth every 12 hours for seizure
Losartan Potassium - Losartan Potassium 50 MG tablet by mouth one time a day for hypertension Hold for SBP < 100, HR less than 60

14. DME and Supplies:

walker, bath bench, diabetic supplies

15. Safety Measures:

standard precautions, diabetic precautions, fall precautions, medication safety, bathroom safety

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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 Unilateral primary osteoarthritis right knee, 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 72-year-old female with a past medical history significant for diabetes mellitus, hypertension, and hyperlipidemia, admitted to home health services following a stay at an acute care facility after being found on the floor of her apartment with confusion, difficulty speaking, and right-sided weakness. Upon arrival, the patient was seated upright on the couch in her sister's basement, where she has been temporarily residing since discharge. The patient reports a desire to return to her apartment and resume independent living. She was alert and oriented x4 and denied pain at the time of assessment, although she reported stiffness when sitting for prolonged periods. Vital signs obtained included temperature 97.1F, pulse 75 bpm, and oxygen saturation 99% on room air; height 5'3" and weight 230 lbs. Respiratory assessment revealed lungs clear to auscultation, bowel sounds were audible, peripheral pulses were palpable, and trace edema was noted to bilateral ankles. The patient reported her last bowel movement was this morning and denied nausea, vomiting, loss of appetite, shortness of breath, chest pain, or dizziness. The patient's sister was present throughout the visit and participated in the assessment and medication review. A sock with reminder words was noted as a cognitive/functional support strategy. The patient currently requires full assistance to stand, indicating significant functional mobility and strength limitations and an increased need for assistance with transfers. Skilled nursing assessment was completed, vital signs obtained, and medications reviewed with the patient and her sister. The patient would benefit from skilled physical and occupational therapy services to address impaired strength, balance, transfers, mobility, functional independence, and ability to safely perform activities of daily living, with the goal of maximizing safety and progressing toward her prior level of independence.
 Date of Order 08/27/2026 Orders Physician Face-to-Face Date: 08/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unilateral primary osteoarthritis right knee 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 - SN Notes: soc
 Physician Chase, Shanita

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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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SN WK1: 1 (08/27/26-08/29/26) ,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

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:YES

08/31/2026 Problems : D0700 - Social Isolation
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
muscle weakness
limited strength
obesity
M2102c - Med Admin
D0160 - Depression
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange long-term socialization activities

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PATIENT-STATED GOAL: "I want to go back to living independently in my own apartment."

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

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

Date
08/27/2026