Home Health Certification and Plan of Care

Order ID: 1150/21663

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
55286120	08/25/2026	From: 08/25/2026 To: 10/23/2026	29433	217058

6. Patient's Name and Address

Cynthia Samuels
932 GORSUCH AVE Unit G02,
BALTIMORE, MD 21218-
410-831-5363

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 04/20/1972 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	08/25/26
E11.9	Type 2 diabetes mellitus without complications	08/25/26
I10.	Essential (primary) hypertension	08/25/26
E78.5	Hyperlipidemia unspecified	08/25/26
Z79.4	Long term (current) use of insulin	08/25/26

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

ACETAMINOPHEN 500 mg/tablet / Take 2 tablets by mouth three times a day as needed for MILD Pain (or if patient requests it for moderate or severe pain), Fever (temp in PRN comment) or MODERATE Pain (or if patient requests it for severe pain) (For fever greater than 38.0 and notify physician.).Commonly known as: TYLENOL
Lidocaine Patch - Lidocaine 4 % / Place 3 patches onto the skin as directed every 24 hours.
METHOCARBAMOL 500 MG / 1 Tablet by mouth three times a day Commonly known as: ROBAXIN
OXYCODONE Immediate Release 5 MG / 1 Tablet by mouth three times a day as needed for MODERATE Pain (or if patient requests it for severe pain). For diagnoses: Low back pain. Commonly known as: ROXICODONE
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth in the evening Commonly known as: FLOMAX
ATORVASTATIN 20 MG tablet by mouth nightly Commonly known as: LIPITOR
Lisinopril And Hydrochlorothiazide - Hydrochlorothiazide: Lisinopril 20 MG-12.5 MG / 1 Tablet by mouth daily
MELOXICAM 15 MG tablet by mouth daily Commonly known as: MOBIC
Insulin Glargine 100 UNIT/ML Solution / Inject 35 Units subcutaneous once a day before breakfast. Commonly known as: LANTUS
Novolog - Insulin Aspart Recombinant 100 units/ml SS subcutaneous three times a day Sliding scale

14. DME and Supplies:

diabetic supplies, commode, wheelchair, walker

15. Safety Measures:

wheelchair precautions, walker precautions, fall precautions, medication safety, diabetic precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low sodium, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Radiculopathy lumbar region, 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:

Start of care was completed for a 54-year-old patient referred to home health following hospitalization for lumbar radiculopathy and decreased ambulation, with a medical history significant for diabetes managed with insulin, hypertension, hyperlipidemia, kidney stones, osteoarthritis of the right knee, and radiculopathy, as well as a surgical history including appendectomy and tracheal surgery. Patient lives alone in an elevator-accessible building with occasional assistance from daughters Jessica and Angelica and ambulates with a rollator; a bedside commode is available. Patient is alert and oriented x4 and reports severe right-sided sciatic pain rated 9/10 with intermittent sleep. Vital signs were stable, no abnormal bleeding or open wounds were noted, and patient denied abdominal or urinary discomfort. A Dexcom continuous glucose monitor is present on the right upper arm, with a random blood glucose level of 180 mg/dL. Patient reported an upcoming outpatient kidney stone removal procedure scheduled for 8/31/26. Medication reconciliation and education were completed, including medication purpose, actions, side effects, insulin management, and the importance of taking pain medication before pain becomes severe. PT evaluation revealed impaired functional mobility, decreased strength, and an antalgic gait, with patient ambulating approximately 40 feet x2 using a rollator and supervision, demonstrating significant right-sided limping and limited right knee extension. Transfers and bed mobility were completed with supervision. Tinetti score was 12/28, indicating increased fall risk, and patient is considered homebound due to the considerable effort required to leave home and need for an assistive device. Patient tolerated therapeutic exercises targeting lower-extremity strength and mobility and may be a candidate for right knee replacement. Continued skilled nursing, physical therapy, and occupational therapy are recommended to address pain management, medication and diabetes management, strength, gait, balance, fall prevention, and functional independence.<o:p></o:p>   Date of Order<o:p></o:p> 08/25<span

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

Nkechinyerem Eseonu Ewoh
7070 Samuel Morse Dr
Columbia, MD 21246
PHONE: FAX: NPI: 1114247541

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 : 08/19/2026

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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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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: 08/19/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Radiculopathy lumbar region<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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';
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">1 - SOC - SN Notes:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">PT Eval Notes:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Eseonu Ewoh, Nkechinyerem

SN Careplans

SN 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) ,WK6: 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, blood sugar < 60 > 300

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; 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 ; 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.

No open wounds noted
Advance Directive:Na

08/25/2026 Problems : M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
abn cholesterol > 200 mg/dL

SN Goals

PATIENT-STATED GOAL: To improve balance with walking and decrease pain

GOALS
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

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

patient's living environment is clean/uncluttered

patient is adequately supervised

meal preparation is available to patient for all meals

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date

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

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abnormal blood pressure
pain radiating to arms/legs
balance deficit
muscle spasms
muscle weakness
limited endurance
limited range of motion
limited strength
obesity
abnormal BS < 70/140 > mg/dL
meal preparation
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area

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, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (08/25/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 2 (09/06/26-09/12/26) ,WK4: 2 (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) ,WK8: 1 (10/11/26-10/17/26)

08/27/2026 Problems : GG0170P1 - Picking Up Object
GG0130F1 - Upper Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170D1 - Sit to Stand
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
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer

PROCEDURES: Stretching to right knee flexion and extension 18-82: 5x hold 10 seconds, home exercise program: Supine quad sets, short arc quads, hip flexion, straight leg raise, hip abduction, bridging. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, 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, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To increase the movement in my knees and walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

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