Home Health Certification and Plan of Care

Order ID: 1150/21667

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91154724	08/28/2026	From: 08/28/2026 To: 10/26/2026	18430	217058

6. Patient's Name and Address
Robin Dilworth
1705 Philadelphia Rd,
JOPPA, MD 21085-
443-506-4817

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 02/15/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.01	Acute respiratory failure with hypoxia	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
T82.898D	Oth complication of vascular prosth dev/grft subs	08/28/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	08/28/26
I50.9	Heart failure unspecified	08/28/26
N18.6	End stage renal disease	08/28/26
Z99.2	Dependence on renal dialysis	08/28/26
I48.0	Paroxysmal atrial fibrillation	08/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/28/26
I69.320	Aphasia following cerebral infarction	08/28/26
I49.5	Sick sinus syndrome	08/28/26
G89.29	Other chronic pain	08/28/26
E78.5	Hyperlipidemia unspecified	08/28/26
M06.9	Rheumatoid arthritis unspecified	08/28/26
I70.1	Atherosclerosis of renal artery	08/28/26
I77.811	Abdominal aortic ectasia	08/28/26
M79.7	Fibromyalgia	08/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/28/26
M19.90	Unspecified osteoarthritis unspecified site	08/28/26
I73.9	Peripheral vascular disease unspecified	08/28/26
Z87.891	Personal history of nicotine dependence	08/28/26
Z79.01	Long term (current) use of anticoagulants	08/28/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/28/26
Z95.0	Presence of cardiac pacemaker	08/28/26
Z95.5	Presence of coronary angioplasty implant and graft	08/28/26

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

Pacerone - Amiodarone Hydrochloride 400 MG, Take 1 tablet by mouth once a day
Cordarone - Amiodarone Hydrochloride 200 MG, Take 1 tablet by mouth once a day
Vitamin D - Ergocalciferol 25 MCG (1000 UT) tablet, Take 1,000 Units by mouth once a day
Metoprolol Tartrate - Metoprolol Tartrate 25 MG, Take 2 tablets by mouth twice a day
Tylenol - Acetaminophen 500 MG, Take 2 tablets by mouth every 8 hours
Take 2 tablets by mouth every 8 hours as needed.
Eliquis - Apixaban 5 MG, Take 1 tablet by mouth twice a day
Note:Therefore, cannot take dabigatran
Lipitor - Atorvastatin Calcium 40 MG,Take 40 mg tablet by mouth at bedtime
Plavix - Clopidogrel Bisulfate 75 mg,Take 75 mg tablet by mouth once a day
Cardura - Doxazosin Mesylate 8 MG, Take 8 mg tablet by mouth once a day
Apresoline - Hydralazine Hydrochloride 100 MG,Take 1 tablet by mouth three times a day
Procardia Xl - Nifedipine 90 mg, Take 90 mg tablet by mouth once a day
Nitrostat - Nitroglycerin 0.4 mg ,Place 0.4 mg under the tongue by mouth as necessary Place 0.4 mg under the tongue every 5 min as needed for Chest Pain.
Renvela - Sevelamer Carbonate 800 MG, Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times daily with meals.
Cyanocobalamin - Cyanocobalamin 1000 MCG, Take 1,000 mcg tablet by mouth once a day
Ondansetron - Ondansetron 4 mg 4mg by mouth as necessary As needed every 8 hours
Hydromorhone 2mg by mouth as necessary Every 4 hrs as needed

14. DME and Supplies:
rolling walker, cane, wheelchair, grab bars, bath bench

15. Safety Measures:
transfer with assist, standard precautions, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance

16. Nutrition:
renal diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Hearing

18.B. Activities Permitted
Cane, Transfer bed/Chair, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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
PT: family/caregiver will be responsible for managing treatment OT: patient will

Homebound status: Due to diagnosis of Acute respiratory failure with hypoxia, 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 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 08/23/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

Patient is a 76-year-old female referred to home health skilled PT and OT services following a recent hospitalization for shortness of breath and chest pain, diagnosed with acute respiratory failure and hypoxia. Past medical history is significant for hypertensive heart disease, heart failure, end-stage renal disease requiring hemodialysis, atrial fibrillation, history of smoking, left CVA with global aphasia and right visual field cut, hyperlipidemia, gastroesophageal reflux disease, peripheral vascular disease, and pacemaker placement. Patient's global aphasia presents a significant communication barrier; however, her husband provides reliable support and assists with communication and reporting of her prior level of function. Due to the chronic nature of her CVA (approximately 18 years ago), it is difficult to accurately determine her baseline, so her husband provided information regarding her functional status prior to the most recent hospitalization. Per her husband, the patient was previously independent with basic self-care, functional transfers, and functional ambulation but has experienced a decline in overall endurance, strength, walking ability, balance, standing tolerance, bilateral upper-extremity strength, and activity tolerance since hospitalization. These deficits currently limit her independence and safety with self-care, functional transfers, and functional ambulation. Patient demonstrates good potential to benefit from skilled PT and OT services to address these impairments, improve functional mobility and safety, and facilitate return toward her prior level of independence. Patient recently initiated hemodialysis on Tuesday, Thursday, and Saturday and is therefore unavailable for therapy on those days. Her husband has requested Friday visits, as this is a preferred time for him to be present to assist with communication and participation in therapy.
<o:p></o:p> Date of Order<o:p></o:p> 08/28/2026<o:p></o:p> Physician Face-to-Face Date: 08/23/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Acute respiratory failure with hypoxia<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - PT Notes: <o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Davis, Stephanie

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/28/26-08/29/26) ,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) ,WK8: 1 (10/11/26-10/17/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

PT Goals

PATIENT-STATED GOAL: To improve her endurance and walking ability so she can get out more

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/28/2026

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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:Full code

08/28/2026 Problems : GG0170E1 - Chair to Bed to Chair
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
M1745 - Behavioral Issues
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
swelling in legs/around eyes
difficulty sleeping
daytime fatigue
impaired speech
withdrawal from conversations
extremity burn/tingle/numb
pain radiating to arms/legs
weak hand grips
lethargy
balance deficit
muscle weakness
limited endurance
limited strength
B1000 - Vision Deficit
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: Medication management : Review medication with husband, cough/deep

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 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 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026

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breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Laq, hip flexion, heelraises, toe raises, hip abduction hamstring curls with resistance as tolerated 2-310, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, monitor dialysis schedule

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Careplans

OT WK2: 1 (08/30/26-09/05/26) ,WK4: 1 (09/13/26-09/19/26) ,WK6: 1 (09/27/26-10/03/26) ,WK8: 1 (10/11/26-10/17/26) ,WK10: 1 (10/25/26-10/26/26)

09/02/2026 Problems : 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: Medication Review : Medication reviewed with patient and patient's husband with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls and armchair 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper 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, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 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 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026