Home Health Certification and Plan of Care

Order ID: 1150/21700

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1003323801	08/29/2026	From: 08/29/2026 To: 10/27/2026	29698	217058

6. Patient's Name and Address

Patricia Barr
1600 W Mount Royal Avenue Apt 309,
BALTIMORE, MD 21217-
410-225-9675

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 07/01/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.11	Chronic respiratory failure with hypoxia	08/29/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/29/26
I50.20	Unspecified systolic (congestive) heart failure	08/29/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/29/26
N18.30	Chronic kidney disease stage 3 unspecified	08/29/26
M62.82	Rhabdomyolysis	08/29/26
L93.1	Subacute cutaneous lupus erythematosus	08/29/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/29/26
M10.9	Gout unspecified	08/29/26
E78.00	Pure hypercholesterolemia unspecified	08/29/26
F20.0	Paranoid schizophrenia	08/29/26
F41.9	Anxiety disorder unspecified	08/29/26
F32.A	Depression unspecified	08/29/26
E03.9	Hypothyroidism unspecified	08/29/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/29/26
E07.9	Disorder of thyroid unspecified	08/29/26
E66.813	Other obesity	08/29/26
Z87.440	Personal history of urinary (tract) infections	08/29/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/29/26
Z79.82	Long term (current) use of aspirin	08/29/26
Z91.81	History of falling	08/29/26

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

Proventil-Hfa - Albuterol Sulfate 2 puffs Inhalation every 6 (six) hours as needed for wheezing for wheezing
ZYLOPRIM 100 MG / 1 Tablet by mouth daily
Aspirin Ec - Aspirin 81 MG / 1 Tablet by mouth daily
LIPITOR 40 MG / 1 Tablet by mouth daily
COGENTIN 2 MG tablet by mouth once time daily
JARDIANCE 10 MG / 1 Tablet by mouth in the morning
FLONASE 50 mcg/actuation nasal spray / 1 spray Nasal daily
SYNTHROID 112 MCG / 1 Tablet by mouth daily
CLARITIN 10 MG / 1 Tablet by mouth in the morning
TOPROL-XL 24 hr 25 MG / 1 Tablet by mouth daily
PROTONIX 40 MG / 1 Tablet by mouth daily
TRILAFON 16 Mg tablet by mouth once daily

14. DME and Supplies:

bath bench, walker

15. Safety Measures:

fall precautions, hand rails, ambulates with device, standard precautions, walker precautions

16. Nutrition:

low sodium, regular, 2gm sodium

17. Allergies:

hydroxychloroquine penicillin

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Walker

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: 1. Rarely, 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic 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.

Clinical Condition Requiring Homecare: The patient is a 69-year-old female who is homebound due to chronic respiratory failure requiring continuous supplemental oxygen, congestive heart failure (CHF), type 2 diabetes mellitus, hypertension, schizophrenia, history of falls, and multiple additional comorbidities including rhabdomyolysis, lupus, sleep apnea, gout, anxiety, depression, and obesity. The patient was recently hospitalized following a fall and CHF exacerbation and currently resides alone in an elevator-accessible apartment. She requires an assistive device and human assistance to safely leave the home due to impaired mobility, continuous oxygen dependence, decreased endurance, and increased fall risk. The patient is alert and oriented x3. Skin is dry and intact. She is maintained on continuous oxygen at 3 L/min via nasal cannula, with SpO2 measured at 94%. Lung sounds are diminished in the bilateral lower lobes; however, respirations are even and unlabored, and the patient voiced no acute complaints. Swelling was noted to the feet. The patient reports that she uses supplemental oxygen while inside the home but removes it when leaving the residence; education regarding the importance of following prescribed oxygen therapy and maintaining oxygen use as ordered should be reinforced. Physical therapy evaluation was completed following the patient's recent hospitalization. The patient ambulates on indoor surfaces using a rolling walker and was able to ambulate approximately 30 feet with a limp and weight bearing primarily on the toe of the right foot. She requires supervision for transfers to the toilet, chair, and bedside and supervision for bed mobility. Outdoor mobility, car transfers, and stair negotiation were not assessed during this evaluation. Functional assessment revealed significant mobility limitations and elevated fall risk, as evidenced by a Tinetti score of 12/28. The patient also presents with a right knee flexion contracture measuring approximately 20 degrees from full extension, which further contributes to impaired gait mechanics and functional mobility. During the session, the patient tolerated five repetitions each of hip flexion, bridging, hooklying rotation, straight-leg raises, hip abduction, knee extension, and ankle pumps. Overall, the patient demonstrates decreased lower-extremity strength, impaired balance, limited endurance, abnormal gait mechanics, right knee range-of-motion limitation, and decreased functional mobility following hospitalization. The patient would benefit from continued skilled home health physical therapy to address strength deficits, balance impairment, gait abnormalities, transfer safety, endurance, range of motion, and overall functional mobility. Treatment will focus on progressive therapeutic exercise, gait and transfer training, balance activities, range-of-motion interventions, fall-prevention strategies, and patient education to improve safety and independence with mobility in the home. Continued skilled services are medically necessary due to the patient's significant fall risk, multiple chronic comorbidities, oxygen dependence, recent hospitalization for fall and CHF exacerbation, and limited ability to safely

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Emmanuel Osei-Boamah
3900 Loch Raven Blvd
Baltimore, MD 21218
PHONE: 4105005500 FAX: 14106595691 NPI: 1639282460

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 : 08/26/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/21700

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1003323801	08/29/2026	From: 08/29/2026 To: 10/27/2026	29698	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Patricia Barr 1600 W Mount Royal Avenue Apt 309, BALTIMORE, MD 21217- 410-225-9675	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

leave the home. The plan of care is directed toward improving functional strength and mobility while maximizing safety and reducing the risk of further falls, rehospitalization, and functional decline.
 Date of Order 08/29/2026 Orders Physician Face-to-Face Date: 08/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Chronic respiratory failure with hypoxia 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 PT Eval Notes:
 Physician Osei-Boamah, Emmanuel

SN Careplans

SN WK1: 1 (08/29/26-08/29/26) ,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, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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

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:No Advance Directive

08/29/2026 Problems : M1720 - Anxiety
M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
swelling in the arms/legs
swelling of affected area
swelling of affected area
obesity
obesity
rough/scaly/cracked skin
swell/redness surround. skin
B1000 - Vision Deficit
meal preparation
meal preparation
D0160 - Depression
D0160 - Depression
M2102f - Patient Supervision
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment
M2102d - Caregiver Performs Treatment

SN Goals

PATIENT-STATED GOAL: Get my legs and feet better to walk better

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 exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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 is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/29/2026

Home Health Certification and Plan of Care

Order ID: 1150/21700

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1003323801	08/29/2026	From: 08/29/2026 To: 10/27/2026	29698	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Patricia Barr 1600 W Mount Royal Avenue Apt 309, BALTIMORE, MD 21217- 410-225-9675	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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)

08/31/2026 Problems : GG0170G1 - Car Transfer
GG0130F1 - Upper Body Dressing
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
GG0170D1 - Sit to Stand
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
GG0170F1 - Toilet Transfer

PROCEDURES: home exercise program: Quad sets, short arc quads, hip flexion, 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: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, 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 - 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 be able to get around the house by myself without my cane

GOALS
Toilet Transfer - 06. Independent

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/29/2026