# Home Health Certification and Plan of Care

**Order ID: 1150/21779**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 141007786 | 09/01/2026 | From: 09/01/2026 To: 10/30/2026 | 2486 | 217058 |

**6. Patient's Name and Address**

Alice Pullen
5107 Old Court Road Apt 232,
Randallstown, MD 21133-
443-615-3469

**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** 02/12/1929 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I48.0 | Paroxysmal atrial fibrillation | 09/01/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| D68.69 | Other thrombophilia | 09/01/26 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 09/01/26 |
| I50.40 | Unsp combined systolic and diastolic (congestive) hrt fail | 09/01/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 09/01/26 |
| N18.30 | Chronic kidney disease stage 3 unspecified | 09/01/26 |
| M10.9 | Gout unspecified | 09/01/26 |
| M15.9 | Polyosteoarthritis unspecified | 09/01/26 |
| M47.816 | Spondylosis w/o myelopathy or radiculopathy lumbar region | 09/01/26 |
| I35.0 | Nonrheumatic aortic (valve) stenosis | 09/01/26 |
| D69.6 | Thrombocytopenia unspecified | 09/01/26 |
| J45.909 | Unspecified asthma uncomplicated | 09/01/26 |
| M85.80 | Oth disrd of bone density and structure unspecified site | 09/01/26 |
| E44.0 | Moderate protein-calorie malnutrition | 09/01/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 09/01/26 |
| E78.00 | Pure hypercholesterolemia unspecified | 09/01/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 09/01/26 |
| E04.2 | Nontoxic multinodular goiter | 09/01/26 |
| F03.90 | Unsp dementia unsp severity without beh/psych/mood/anx | 09/01/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 09/01/26 |
| I25.2 | Old myocardial infarction | 09/01/26 |
| R90.89 | Oth abnormal findings on diagnostic imaging of cnsl | 09/01/26 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 09/01/26 |
| Z90.710 | Acquired absence of both cervix and uterus | 09/01/26 |
| Z86.0100 | Personal history of colonic polyps | 09/01/26 |

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

Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1,000 mcg tablet by mouth every morning Supplement
OMEGA-3 Take 1,000 mg capsule by mouth nightly Supplement
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 HR 25 mg/tablet / Take 50 mg by mouth daily Blood pressure
fluticasone-salmeterol 250-50 MCG/ACT inhaler / Take 1 puff inhalation every 12 hours Asthma
FEBUXOSTAT 40 mg/tablet / Take 20 mg by mouth every morning (1/2 tablet) for UTI prevention
COLCHICINE 0.6 MG tablet by mouth every other day Gout
Cholecalciferol 25 MCG (1000 UT) tablet / Take 1,000 Units by mouth once a day Supplement
ATORVASTATIN 40 MG tablet by mouth nightly Cholesterol
AMLODIPINE 10 MG tablet by mouth daily Blood pressure
ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalation every 6 hours as needed Breathing
Famotidine - Famotidine 40 mg 1 tablet by mouth once a day Gerd
Benzonatate - Benzonatate 100 mg 1 capsule by mouth three times a day As needed for cough
Extra Strength Tylenol - Acetaminophen 500 MG, Take 2 tablets by mouth every 6 hours As needed for pain
Tums - Simethicone 2 tablet, 1000 mg by mouth as necessary Upset stomach

**14. DME and Supplies:**

wheelchair, bath bench, 4 wheeled walker

**15. Safety Measures:**

standard precautions, medication safety, fall precautions, emergency phone number prominently displayed, electrical safety measures, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**

regular

**17. Allergies:**

Allopurinol, Cefuroxime, Codeine, Dipyridamole, Penicillins, Bactrim [Sulfameth
Erythromycin Base

**18.A. Functional Limitations**

Ambulation, Endurance

**18.B. Activities Permitted**

Up As Tolerated

**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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

**22.B.Discharge Plans**

family/caregiver will be responsible for managing treatment

**Homebound status:**

Due to diagnosis of Paroxysmal atrial fibrillation, 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 09/01/2026

**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 : 08/26/2026

**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.

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| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Alice Pullen<br>5107 Old Court Road Apt 232,<br>Randallstown, MD 21133-<br>443-615-3469 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

**Clinical Condition Requiring Homecare:**

SOC completed for a 97-year-old female with a significant past medical history of coronary artery disease (CAD), heart failure with reduced ejection fraction (HFrEF), cerebrovascular accident (CVA), aortic stenosis, thrombocytopenia, diabetes mellitus, hypertension, and recurrent urinary tract infections. The patient was recently hospitalized due to hematemesis. Prior to hospitalization, she lived alone and ambulated with a rollator under supervision. Following hospitalization, she demonstrates decreased bilateral lower-extremity strength, approximately 3-/5 on manual muscle testing, and currently requires minimal assistance for transfers and short-distance ambulation with a rollator, with verbal cues to improve upright posture. She would benefit from skilled home health PT to improve strength, balance, safety, functional mobility, and independence and to facilitate a return to her prior level of function. OT evaluation indicates that the patient is at her baseline level for ADLs, requiring moderate assistance with dressing and bathing and modified independence with toilet transfers using toilet rails and shower transfers using a shower chair. Bilateral upper-extremity range of motion is within functional limits, with strength of 3+/5 at both shoulders and 4/5 throughout the remaining upper-extremity joints.<o:p></o:p>  <o:p></o:p> Date of Order<o:p></o:p> 09/01/2026<o:p></o:p> Physician Face-to-Face Date: 08/26/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Paroxysmal atrial fibrillation<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: Eseonu Ewoh, Nkechinyerem

**SN Careplans**

**SN Goals**

**PT Careplans**

PT frequency WK1: 1 (09/01/26-09/05/26) ,WK3: 1 (09/13/26-09/19/26) ,WK5: 1 (09/27/26-10/03/26) ,WK7: 1 (10/11/26-10/17/26) ,WK9: 1 (10/25/26-10/30/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 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

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;

**PT Goals**

PATIENT-STATED GOAL: 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

caregiver administers and/or packages medications appropriately

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

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 09/01/2026 |

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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:POLST (Physician Orders for Life-Sustaining Treatment)

09/01/2026 Problems : GG0170M1 - 1 - Step (curb)
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1610 - Urinary Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited strength
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, gait training/stair training: ., transfers training, teach/coordinate/arrange medication packaging and/or administration

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, caregiver administers and/or packages medications appropriately, 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, 1 - Step (curb) - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT Goals

Signature of Physician:

Date



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

Date
09/01/2026

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OT frequency WK1: 1 (09/01/26-09/05/26)

09/01/2026 Problems : M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating

PROCEDURES: home exercise program: HEP with use of 1lb and handout, equipment training: toilet and tub transfer, work simplification/energy conservation, transfers training

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: Remain strong and not to get SOB

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

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 03. Partial/moderate 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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 09/01/2026 |