Home Health Certification and Plan of Care

Order ID: 1150/21775

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35793523	08/21/2026	From: 08/21/2026 To: 10/19/2026	28979	217058

6. Patient's Name and Address

Mary Williams
7310 Windsor Mill Road,
WINDSOR MILL, MD 21244
443-401-5655

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 10/15/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
C19.	Malignant neoplasm of rectosigmoid junction	08/21/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/21/26
D62.	Acute posthemorrhagic anemia	08/21/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/21/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/21/26
I10.	Essential (primary) hypertension	08/21/26
E78.00	Pure hypercholesterolemia unspecified	08/21/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/21/26
F43.23	Adjustment disorder with mixed anxiety and depressed mood	08/21/26
E46.	Unspecified protein-calorie malnutrition	08/21/26
E55.9	Vitamin D deficiency unspecified	08/21/26
R32.	Unspecified urinary incontinence	08/21/26
N63.0	Unspecified lump in unspecified breast	08/21/26
L29.9	Pruritus unspecified	08/21/26
E66.9	Obesity unspecified	08/21/26
Z79.4	Long term (current) use of insulin	08/21/26
Z79.899	Other long term (current) drug therapy	08/21/26
Z87.440	Personal history of urinary (tract) infections	08/21/26

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

ALENDRONATE SODIUM 70 MG / 1 Tablet by mouth one time a day every Sun for osteoporosis Take 30 minutes before meal or beverage with plain water and sit upright for at least 30 minutes.
Vitamin D - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth once a day every Sun for supplement
GABAPENTIN 100 MG / 1 Capsule by mouth one time a day for pain
COZAAR 100 MG / 1 Tablet by mouth one time a day for hypertension
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth one time a day for HLD
Toujeo Solostar - Insulin Glargine Recombinant 300 UNIT/ML / Inject 20 unit subcutaneous at bedtime for DM
Humalog - Insulin Lispro Recombinant KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML subcutaneous before meal and at bedtime for DM. Inject as per sliding scale: if 0 - 200 = 0 unit; if 201 - 250 = 2 units; if 251 - 300 = 4 unit; if 301 - 350 = 6 unit; 351 - 400 = 8 units Please notify Md of blood sugar less than 60 or greater than 400

14. DME and Supplies:

rolling walker, hand held shower, 4 wheeled walker, bath bench, diabetic supplies, walker

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, activity supervision, hand rails, sharps precautions, transfer with assist, standard precautions, walker precautions, bathroom safety, ambulates with device, diabetic precautions, fall precautions, medication safety

16. Nutrition:

diabetic

17. Allergies:

No Known Allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, 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: 1. In new or complex situations only, 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
patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Aftercare following surgery for neoplasm, 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: <p class="15">Patient is an 81-year-old female with a significant past medical history including insulin-dependent type 2 diabetes mellitus with polyneuropathy, hypertension, hyperlipidemia, anxiety/depression, osteoporosis, and rectosigmoid adenocarcinoma, recently discharged from hospitalization and subacute rehabilitation following an elective robotic low anterior resection for colon cancer. Patient is currently receiving home health services and had an oncology appointment earlier today, with anticipated initiation of oral chemotherapy. She lives alone in a single-level home and ambulates with a rolling walker. Patient is alert and oriented 4 and reports intermittent shooting pain in the right lower quadrant of the abdomen rated 3/10, which she currently manages without medication due to its brief duration. She also reports shortness of breath with exertion. Assessment revealed vital signs within acceptable parameters, clear lungs bilaterally, present bowel sounds, palpable pulses, warm and intact skin, no peripheral edema, and a completely healed abdominal incision. Patient presents with generalized postoperative deconditioning, bilateral lower-extremity weakness, impaired balance, decreased functional endurance, and limitations with bed mobility, transfers, ambulation, and functional activities. She requires contact guard assistance for sit-to-stand and toilet

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Joseph Nkwanyuo
8930 Liberty Road
Randallstown, MD 21133
PHONE: 4102657742 FAX: 14102983964 NPI: 1194805036

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 : 08/05/2026

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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transfers, demonstrates difficulty with tub transfers, and currently performs bathing at the sink despite having a shower chair. She requires supervision and increased time for dressing tasks and demonstrates bilateral upper-extremity strength of approximately 3+/5. Skilled nursing provided assessment, vital sign monitoring, medication review, and ongoing disease and postoperative management education. Skilled PT and OT are medically necessary to address strength, balance, gait, transfers, endurance, safety, and ADL performance, reduce fall risk, promote safe functional independence, and facilitate progression toward the patient's prior level of function.<o:p></o:p>   Date of Order<o:p></o:p> 08/21/2026<o:p></o:p> Physician Face-to-Face Date: 08/05/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Aftercare following surgery for neoplasm<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 - SN Notes:<o:p></o:p> PT Eval Notes: OT Eval Notes: Physician:Nkwanyuo, Joseph

SN Careplans

SN frequency WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/18/26)

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, 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; 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

08/24/2026 Problems : limited strength (MS)
muscle weakness (MS)
constipation (GI)
loss of appetite (NU)
M1600 - UTI
M1033 - Exhaustion

SN Goals

PATIENT-STATED GOAL: "I just want to get through this cancer treatment."

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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
* 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 including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026

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M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
limited endurance
abnormal BS < 70/140 > mg/dL
D0160 - Depression
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M1610 - Urinary Incontinence
M1620 - Bowel Incontinence
M2102c - Med Admin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, wound vacuum, glucose testing via monitor, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT frequency WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/18/26)

08/24/2026 Problems : 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
GG0170E1 - Chair to Bed to Chair

PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: I hop my cancer does not come back

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT frequency WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26)

08/24/2026 Problems : Pain Effect on Sleep
Pain Interference with ADLs
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: Therapeutic exercises : Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, Transfer training: Sit to stand, toliet, tub

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to bathe in the shower

GOALS
Toilet Transfer - 06. Independent

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

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

08/21/2026

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transfers, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, cough/deep breathing exercises

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, Toilet Transfer - 06. Independent, 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, Patient will demonstrates improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve Adls and transfers safely

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Patient will demonstrates improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve Adls and transfers safely

Oral Hygiene - 06. Independent

Eating - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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