Home Health Certification and Plan of Care

Order ID: 1150/21789

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8PF5JJ9DK51	07/06/2026	From: 09/04/2026 To: 11/02/2026	27289	217058

6. Patient's Name and Address
Vicki Keene
5008 E. Oliver Street,
BALTIMORE, MD 21205-
443-802-5690

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 05/15/1959 | **9.Sex** Female

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

ATORVASTATIN 40 MG / 1 Tablet by mouth at bedtime for HLD
LETROZOLE 2.5 MG / 1 Tablet by mouth one time a day for breast cancer

11. ICD	Principal Diagnosis	Date
C50.112	Malignant neoplasm of central portion of left female breast	07/06/26

13. ICD	Other Pertinent Diagnoses	Date
C50.211	Malig neoplm of upper-inner quadrant of right female breast	07/06/26
C79.51	Secondary malignant neoplasm of bone	07/06/26
D63.0	Anemia in neoplastic disease	07/06/26
G89.3	Neoplasm related pain (acute) (chronic)	07/06/26
E44.0	Moderate protein-calorie malnutrition	07/06/26
I10.	Essential (primary) hypertension	07/06/26
E78.5	Hyperlipidemia unspecified	07/06/26
N13.9	Obstructive and reflux uropathy unspecified	07/06/26
R33.9	Retention of urine unspecified	07/06/26
Z79.891	Long term (current) use of opiate analgesic	07/06/26

14. DME and Supplies:
rolling walker, , commode, , bath bench

15. Safety Measures:
standard precautions, remove environmental barriers, fall precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, , Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: -10 degrees extension , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Malignant neoplasm of central portion of left female breast, 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:

Patient was seen on the second floor and reported not feeling well, stating that she has only gone downstairs a few times recently. She denies any falls or medication changes and reports that she has discontinued oxycodone and is currently taking Tylenol for pain management. Patient ambulated indoors with a rolling walker for 20 feet, 40 feet, and 80 feet with close supervision and negotiated stairs using a handrail with close supervision. Sit-to-stand transfers from the bed were completed with supervision, while transfers from the bedside commode required supervision and verbal cues for proper hand placement. Transfers from the sofa required minimal assistance with cues for appropriate hand placement and forward weight shifting. Patient tolerated supine and seated exercises and completed 15 repetitions each of standing knee flexion and hip abduction and 10 repetitions of plantarflexion. Patient will be recertified for continued skilled PT services to improve strength, functional transfers, and overall mobility, with the goal of achieving independent transfers and sufficient strength to safely ambulate outdoors. Patient was instructed to perform the home exercise program daily and to go to the first floor daily with assistance.<o:p></o:p>   <o:p></o:p> Date of Order 09/01/2026
Order<o:p></o:p> Physician Face-to-Face Date: 06/09/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Malignant neoplasm of central portion of left

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
Pablo Ordonez
3700 Fleet St
Baltimore , MD 21224
PHONE: 4105584900 FAX: 14105221475 NPI: 1912586124

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 : 06/09/2026

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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female breast<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;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:11.0000pt;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:11.0000pt;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:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
PT
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">to continue to work on increasing strength, improve transfers to independent and become strong enough to walk outside<o:p></o:p> <p
class="15">Physician: <span
style="font-family: Calibri; font-size: 11pt;">Ordonez, Pablo

SN Careplans

SN Goals

PT Careplans

PT frequency WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26) ,WK5: 1 (09/27/26-10/03/26) ,WK6: 1 (10/04/26-10/10/26) ,WK7: 1 (10/11/26-10/17/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: WNL

HOSPITALIZATION RISKS: 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:POLST (s for Life-Sustaining Treatment)

PT Goals

PATIENT-STATED GOAL: To move around the house by myself

GOALS
patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 - 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

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/01/2026

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09/01/2026 Problems : balance deficit
limited endurance
limited range of motion
limited strength
loss of appetite
M1033 - Exhaustion

PROCEDURES: Family training: For gait, steps and outside skills, home exercise program: Supine hip flexion, quad sets, short arc quads, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 - 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, 4 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/01/2026