Home Health Certification and Plan of Care

Order ID: 1150/21803

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13194672	07/09/2026	From: 09/07/2026 To: 11/05/2026	27796	217058

6. Patient's Name and Address
Reaver McClain
315 Allendale Street,
BALTIMORE, MD 21229-
410-292-0303

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 01/16/1946 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M84.445D	Path fracture left finger(s) subs for fx w routn heal	07/09/26

13. ICD	Other Pertinent Diagnoses	Date
M17.0	Bilateral primary osteoarthritis of knee	07/09/26
I10.	Essential (primary) hypertension	07/09/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	07/09/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/09/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/09/26
E04.1	Nontoxic single thyroid nodule	07/09/26
I70.0	Atherosclerosis of aorta	07/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/09/26
M75.41	Impingement syndrome of right shoulder	07/09/26
E11.49	Type 2 diabetes w oth diabetic neurological complication	07/09/26
Z86.0100	Personal history of colonic polyps	07/09/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/09/26
Z79.82	Long term (current) use of aspirin	07/09/26
Z91.81	History of falling	07/09/26

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

LOPROX 0.77 % Top Cream / Apply to affected area(s) topical twice a day
LIDODERM 5 % Top PTMD Patch / Apply on the low back topical once a day 12 hours on and 12 hours off
ATROVENT 21 mcg (0.03 %) Nasl Spray / Use 2 sprays in each nostril Nasal twice a day
Esidrix - Hydrochlorothiazide 25 MG / 1 Tablet by mouth in the morning
Zestril - Lisinopril 40 MG / 1 Tablet by mouth daily
PEPCID 40 MG / 1 Tablet by mouth daily
PROTOPIC 0.1 % Top Ointment / Apply to affected area(s) topical once a day
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 1 spray Each nostril once a day
LIPITOR 40 MG / 1 Tablet by mouth daily for cholesterol and heart attack prevention
GLUCOTROL 5 MG / 1 Tablet by mouth 2 times a day 30 minutes before meals for diabetes
TYLENOL 500 mg/tablet / Take 1-2 tablets by mouth every 8 hours
MULTIVITAMIN Take 1 tablet by mouth daily
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) Tab / Take 5,000 Units by mouth daily
ASPIRIN DR 81 MG tablet by mouth once a day
NORVASC 5 MG / 1 Tablet by mouth once daily For Blood pressure
Sitagliptin (ZITUVIO) 100 MG / 1 Tablet by mouth once a day (Replaces Tradjenta), for DM
Carbidopa And Levodopa - Carbidopa: Levodopa 25 mg;100 mg Half tab by mouth three times a day Weaning up to 2 tab AM. 1 tab mid day, 1 tab PM, For Parkinson's Disease

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

15. Safety Measures:
fall precautions, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
estrogen penicillins jardiance metformin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

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

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

Homebound status: Due to diagnosis of Pathological fracture left finger(s) subsequent for fracture with routine healing, 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 an 80-year-old female admitted to home health services following a recent fall resulting in a left fifth finger fracture. Her past medical history is significant for Parkinson's disease, bilateral knee osteoarthritis, lumbar spinal stenosis, hypertension, type 2 diabetes mellitus, polyneuropathy, aortic atherosclerosis, right shoulder impingement, gastroesophageal reflux disease, and recurrent falls. She lives alone in a multi-level home with one step to enter, while the bedroom and bathroom are located on the second floor. She receives daily assistance from her daughter and grandson. The patient ambulates approximately 30 feet within the home using a cane with supervision, negotiates 14 stairs with a handrail and cane under supervision, requires supervision for transfers, is independent with bed mobility, and demonstrates a high fall risk as evidenced by a Tinetti score of 12/28, making her homebound due to the considerable effort required to leave home. She is independent with dressing but requires assistance with bathing and demonstrates left hand weakness and impaired coordination related to the fifth finger fracture, resulting in difficulty performing cooking and other household tasks. Therapeutic exercises, including supine hip flexion, bridging, hook-lying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps, were initiated and well tolerated. The patient was recently diagnosed with Parkinson's disease and has just begun medication management. Skilled home health physical and occupational therapy are medically necessary to improve strength, balance, coordination, gait, transfers, stair negotiation, hand function, and overall functional mobility, reduce fall risk, maximize independence with ADLs and IADLs, and prevent further functional decline.
 Date of Order 09/03/2026 Orders Physician Face-to-Face Date: 05/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Pathological fracture left finger(s) subsequent for fracture with routine healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to continued need for OT services to address ADLs, IADLs, and CP function of the left hand. The patient has limited grips strength, poor fine motor coordination, difficulty with dressing, washing dishes, housekeeping, and fastening/manipulation of clothing and objects, with left 5th digit fx from a fall in June 2026, newly dx with Parkinson's disease, difficulty with balance, and fall risk requiring continued skilled intervention.
 Physician Nong Libend, Christelle

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 05/22/2026

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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OT Careplans

OT frequency WK2: 1 (09/13/26-09/19/26) ,WK3: 1 (09/20/26-09/26/26) ,WK4: 1 (09/27/26-10/03/26) ,WK5: 1 (10/04/26-10/10/26) ,WK6: 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:

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 4. Multiple emergency department visits (2 or more) in the past 6 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

09/03/2026 Problems : weak hand grips
balance deficit
constipation
rough/scaly/cracked skin
muscle weakness
M1033 - Unintentional Weight Loss

PROCEDURES: Therapeutic exercises : Rom exercises and thera putty exercises of the left hand and exercises of the right upper extremity prn, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, assist with light housekeeping:

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to use her left hand better

GOALS
patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
09/03/2026

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Washing dishes and light cleaning

TEACH PATIENT/CAREGIVER: * strategies to increase caloric intake, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, 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 3
Optional Name/Signature of Nurse/Therapist:	Date
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