Home Health Certification and Plan of Care

Order ID: 1150/21805

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8YY3TK2NN70	07/06/2026	From: 09/04/2026 To: 11/02/2026	27650	217058

6. Patient's Name and Address
Natalie Nowell
3720 Tall Grass Court,
RANDALLSTOWN, MD 21133-
443-656-5278

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 02/11/1961 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	07/06/26

13. ICD	Other Pertinent Diagnoses	Date
J44.9	Chronic obstructive pulmonary disease unspecified	07/06/26
G43.109	Migraine with aura not intractable w/o status migrainosus	07/06/26
I73.00	Raynaud's syndrome without gangrene	07/06/26
E78.2	Mixed hyperlipidemia	07/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/06/26
G62.9	Polyneuropathy unspecified	07/06/26
E04.2	Nontoxic multinodular goiter	07/06/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	07/06/26
F41.9	Anxiety disorder unspecified	07/06/26
F32.A	Depression unspecified	07/06/26
M19.90	Unspecified osteoarthritis unspecified site	07/06/26
M41.9	Scoliosis unspecified	07/06/26
Z98.1	Arthrodesis status	07/06/26
Z85.72	Personal history of non-Hodgkin lymphomas	07/06/26
Z86.0101	Personal history of adeno	07/06/26
Z87.891	Personal history of nicotine dependence	07/06/26

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

Proair Hfa - Albuterol Sulfate 90 mcg/actuation inhaler / Inhale 1 puff inhalant every 4 hours as needed for wheezing and shortness of breath.
ESTRACE 0.01 % (0.1 mg/gram) Vaginal Cream / Insert 2 g vaginal as needed (vaginal dryness.)
ZETIA 10 MG / 1 Tablet by mouth daily Patient-reported medication
ADVIL 800 MG / 1 Tablet by mouth every 8 (eight) hours as needed for pain. take with food.
THERAGRAN Take 1 tablet by mouth daily Patient-reported medication
PRILOSEC 40 MG / 1 Capsule by mouth daily
CRESTOR 20 MG / 1 Tablet by mouth daily
Serevent - Salmeterol Xinafoate 50 mcg/dose inhaler / Inhale 1 puff inhalation every 12 hours
Sodium Fluoride-pot nitrate 1.1-5% paste / BRUSH A PEA SIZE AMOUNT ON TEETH by mouth twice a day for 2 minutes (REFER TO PRESCRIPTION NOTES) Patient-reported medication
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth in the morning Patient-reported medication
Oxycodone 5 mg by mouth every 8 hours For pain prn
Pregabalin - Pregabalin 50 mg by mouth twice a day For nerve pain
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10 mg by mouth three times a day For muscle spasms prn

14. DME and Supplies:
reacher, , , rolling walker,

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
dilaudid aspirin barium iodine cipro latex pantoprazole sodium phenytoin sulfa

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Other, Spinal precautions

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter for other orthopedic aftercare, 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 is a 65-year-old female referred for skilled home health services following hospitalization for status post C5-T1 posterior cervical laminectomy and fusion with C7 laminectomy performed on 06/29/2026. Her past medical history is significant for cervical spondylosis with radiculopathy, chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD), hyperlipidemia, stomach cancer, irritable bowel syndrome (IBS), scoliosis, and recurrent urinary tract infections. The patient continues to experience post-operative neck and shoulder pain, bilateral upper and lower extremity weakness, deconditioning, impaired balance, and decreased functional mobility following surgery. The patient is alert and resides alone in a multi-level townhouse, with family members providing assistance as needed. She currently requires assistance with activities of daily living, including dressing, bathing, meal preparation, cooking, and housekeeping due to post-operative functional limitations. The patient is under spinal precautions, including no bending, lifting, or twisting (BLT), and wears a J cervical collar, with education reinforced regarding proper cervical collar use, adherence to spinal precautions, and the importance of avoiding activities that may compromise surgical healing. Functional assessment revealed impaired bed mobility requiring minimal assistance for rolling and supine-to-sit transfers. Sit-to-stand and toilet transfers require standby to minimal assistance. The patient demonstrates bilateral upper extremity weakness as well as bilateral lower extremity weakness, contributing to decreased endurance, impaired balance, and functional mobility deficits. Gait assessment demonstrated decreased gait speed, shortened stride length, altered gait mechanics, and increased fall risk while ambulating with an assistive device. These impairments significantly limit her ability to safely navigate her multi-level home and perform daily functional tasks independently. Education was provided regarding spinal precautions, safe transfer techniques, fall prevention strategies, proper use of the assistive device, energy conservation techniques, pain management, and the importance of gradually increasing activity while avoiding excessive strain on the surgical site. The patient was instructed to monitor for signs and symptoms of infection, worsening neurological deficits, uncontrolled pain, or other complications and to notify her physician promptly if these occur. The importance of medication adherence, adequate nutrition and hydration to promote healing, and attending all scheduled follow-up appointments was reinforced. The patient verbalized understanding of all education provided. The patient remains homebound due to post-operative pain, generalized weakness, impaired balance, decreased endurance, functional mobility deficits, spinal precautions, the need for an assistive device, and the considerable effort and assistance required to safely leave the home. Skilled home health physical therapy is medically necessary to safely progress mobility, improve upper and lower extremity strength, increase balance and endurance, reinforce cervical precautions, improve transfer and gait safety, reduce fall risk, and maximize functional independence within the home environment. Continued skilled nursing oversight is also warranted for ongoing assessment of post-operative recovery, pain management, medication management, patient education, and monitoring for potential complications to promote optimal healing and reduce the risk of rehospitalization.
 Date of Order 09/03/2026 Orders Physician Face-to-Face Date: 07/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to C5-T1 posterior cervical laminectomy and fusion with C7 laminectomy 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 shoulder pain, ADLs, IADLs, and ROM/weakness of bilateral shoulders following s/p C5-T1 posterior cervical laminectomy and fusion with C7 laminectomy. The patient remains limited secondary to pain and has difficulty performing functional activities, ADLs, homekeeping activities, and bending, with spinal precautions including no bending, lifting heavy, or twisting, requiring continued skilled OT

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
Kevin Carter
10085 Red Run Blvd
Owings Mills, MD 21117
PHONE: 4105817804 FAX: 14103566507 NPI: 1770718892

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 : 07/01/2026

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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intervention.
 Physician Carter, Kevin

SN Careplans

SN Goals

OT Careplans

OT 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) ,WK8: 1 (10/18/26-10/24/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 9. Other risk(s) not listed in 1- 8

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:Living Will

09/04/2026 Problems : #1 - Observable Surgical Wound - Posterior Right Neck -
balance deficit
pain radiating to arms/legs
muscle spasms
muscle weakness

OT Goals

PATIENT-STATED GOAL: Patient wants to go back to being independent

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

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/03/2026

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PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Right Neck -, Therapeutic exercises : Exercises including rom of bilateral shoulders and gentle 1 lb dumbbells, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, Iadls: Housekeeping and light meal prep, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/03/2026