Home Health Certification and Plan of Care

Order ID: 1150/21817

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36576735	09/04/2026	From: 09/04/2026 To: 11/02/2026	29825	217058

6. Patient's Name and Address
Joyce Goodwin
3518 Chesterfield Avenue,
Baltimore, MD 21213-
443-779-0297

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 10/02/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C34.92	Malignant neoplasm of unsp part of left bronchus or lung	09/04/26

13. ICD	Other Pertinent Diagnoses	Date
D63.0	Anemia in neoplastic disease	09/04/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	09/04/26
I10.	Essential (primary) hypertension	09/04/26
J44.9	Chronic obstructive pulmonary disease unspecified	09/04/26
M81.0	Age-related osteoporosis w/o current pathological fracture	09/04/26
E78.5	Hyperlipidemia unspecified	09/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/04/26
G47.00	Insomnia unspecified	09/04/26
M51.360	Other intvrt disc degen	09/04/26
Z90.2	Acquired absence of lung [part of]	09/04/26
Z86.018	Personal history of other benign neoplasm	09/04/26
Z98.61	Coronary angioplasty status	09/04/26
Z98.1	Arthrodesis status	09/04/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	09/04/26
Z79.82	Long term (current) use of aspirin	09/04/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/04/26
Z87.891	Personal history of nicotine dependence	09/04/26

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

Proventil-Hfa - Albuterol Sulfate Inhale 2 puffs by mouth EVERY 6 (SIX) HOURS AS NEEDED
ALBUTEROL Nebulizer Solution 2. 5 MG/3ML 0. 083% / Take 3 ml nebulization every 6 (six) hours as needed for wheezing ICD10: J44.9
DECADRON 4 MG / 1 Tablet by mouth TWICE A DAY FOR 3 DAYS START THE DAY BEFORE CHEMO AND DO NOT TAKE DOSE ON THE MORNING OF CHEMO.
JARDIANCE 10 MG / 1 Tablet by mouth daily
ZETIA 10 MG / 1 Tablet by mouth daily
PEPCID Suspension 40 MG/5 ML (8 MG/ML) / Take 2.5 ML (20 MG total) by mouth 2 (two) times a day
FLONASE 50 MCG/ACT / 2 sprays Nasal route daily
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 MG(base) / 3 mL nebulizer / Inhale 3 ML by mouth as necessary EERY 4 HOURS. ICD10: J44.9
LIDODERM 5% Patch topical as directed REMOVE AND DISCARD PATCH WITHIN 12 HOURS
ANTIVERT Take 25 MG Tablet by mouth 3 (three) times a day as needed
(KAYCIEL) potassium chloride Solution 20 MEQ/15ML / Take 15 mL by mouth once a day
COMPAZINE 10 MG / 1 Tablet by mouth every 6 (six) hours as needed
CRESTOR 40 MG / 1 Tablet by mouth daily
DESYREL Take 50 MG Tablet by mouth at bedtime
ACIPHEX 20 MG / 1 Tablet by mouth daily
(TRELEGY ELLIPTA) fluticasone-umeclidin-vilanter Disk with Device inhaler 100-62.5-25 MCG / Inhale 1 puff by mouth once a day
Ondansetron - Ondansetron 4 mg 1 tab by mouth every 8 hours Prn nausea
Zyprexa - Olanzapine 2.5 mg 1 tab by mouth at bedtime
Dronabinol - Dronabinol 2.5 mg 1 tab by mouth three times a day
Acetaminophen - Acetaminophen 500 mg by mouth three times a day 1000 mg prn pain
Bentyl - Dicyclomine Hydrochloride 10 mg 2 capsules by mouth every 6 hours Prn

14. DME and Supplies:
nebulizer

15. Safety Measures:
standard precautions, sharps precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, diabetic precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:
regular

17. Allergies:
atorvastatin

18.A. Functional Limitations
Ambulation, Endurance, Dyspnea with moderate exertion

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

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 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
PT: family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Malignant neoplasm of unspecified part of left bronchus or lung, 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 09/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Emerita Portillo Garcia
1017 E Baltimore St
Baltimore, MD 21202
PHONE: 4108260170 FAX: 14108260195 NPI: 1053058883

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 : 08/28/2026

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
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Clinical Condition Requiring Homecare:

The patient is a 69-year-old with a history of lung cancer diagnosed in 2022, status post lobectomy, and currently receiving chemotherapy every 21 days. The patient was recently hospitalized for hypokalemia and hypomagnesemia. Past medical history is also significant for diabetes mellitus, COPD, asthma, osteoporosis, cervical and lumbar spinal fusions, hypertension, anemia, and pituitary macroadenoma. The patient lives with a nephew/caregiver, Tyrell Whitiker, in a townhouse with a first-floor setup and four steps with a handrail to enter. Bilateral foot edema was noted. The patient ambulates approximately 30 feet inside the home without an assistive device with supervision, performs bed mobility and transfers to the bed, chair, and bedside commode with supervision, and negotiates four steps with a handrail and supervision, with reported fatigue afterward. Outdoor mobility and car transfers were not assessed. The patient tolerated five repetitions of supine hip flexion, bridging, hooklying rotation, straight-leg raises, and hip abduction; standing knee flexion, hip abduction, hip extension, plantarflexion, and squats; and seated knee extension and ankle pumps. The patient is considered homebound due to the significant effort required to leave the home, as evidenced by a Tinetti score of 19/28, and would benefit from skilled home health physical therapy to improve strength, balance, functional mobility, and overall independence.<o:p></o:p>   Date of Order<o:p></o:p> 09/04/2026<o:p></o:p> Physician Face-to-Face Date: 08/28/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Malignant neoplasm of unspecified part of left bronchus or lung<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> Physician: Portillo Garcia , Emerita

SN Careplans

SN Goals

PT Careplans

PT frequency Auth H26243699551 WK1: 1 (09/04/26-09/05/26),Auth H26243699551 WK3: 1 (09/13/26-09/19/26),Auth H26243699551 WK5: 1 (09/27/26-10/03/26),Auth H26243699551 WK6: 1 (10/04/26-10/10/26),Auth H26243699551 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 > 8

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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.

PT Goals

PATIENT-STATED GOAL: To be able to sleep upstairs and feel stronger.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 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

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/04/2026

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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:MOLST

09/08/2026 Problems : GG0170J1 - Walk 50 ft with 2 Turns
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
limited endurance
limited strength
M2102d - Caregiver Performs Treatment

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose,

* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal 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 4
Optional Name/Signature of Nurse/Therapist:	Date
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schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, 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
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