Home Health Certification and Plan of Care

Order ID: 1150/21910

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00021507	07/11/2026	From: 09/09/2026 To: 11/07/2026	28001	217058

6. Patient's Name and Address
Gloria Freeman
504 Gwynnwest Road,
Reisterstown, MD 21136-
443-881-4228

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 02/17/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S52.501D	Unsp fx the lower end r rad subs for clos fx w routn heal	07/11/26

13. ICD	Other Pertinent Diagnoses	Date
S32.591D	Oth fracture of right pubis subs for fx w routn heal	07/11/26
G89.11	Acute pain due to trauma	07/11/26
S40.011D	Contusion of right shoulder subsequent encounter	07/11/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	07/11/26
I10.	Essential (primary) hypertension	07/11/26
E78.5	Hyperlipidemia unspecified	07/11/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/11/26
K59.00	Constipation unspecified	07/11/26
N20.0	Calculus of kidney	07/11/26
K75.81	Nonalcoholic steatohepatitis (NASH)	07/11/26
M19.011	Primary osteoarthritis right shoulder	07/11/26
M85.80	Oth disrd of bone density and structure unspecified site	07/11/26
F41.1	Generalized anxiety disorder	07/11/26
N39.46	Mixed incontinence	07/11/26
Z91.81	History of falling	07/11/26

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

Albuterol Sulfate - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol, solution / Give 2 puff by mouth every 6 hours as needed for shortness of breath or wheezing
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth one time a day for HTN
Atorvastatin Calcium - Atorvastatin Calcium 20 MG / 1 Tablet by mouth in the evening for HLD
Carbidopa And Levodopa - Carbidopa: Levodopa 25-250 mg/tablet / Give 3 tablet by mouth three times a day for Parkinson's Disease
CYANOCOBALAMIN 1000 MCG / 1 Tablet by mouth one time a day for supplement
Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 20 MG / 1 Capsule by mouth one time a day for depression
Lidocaine Hydrochloride - Lidocaine Hydrochloride External Gel 4 % / Apply to right anterior hip topically twice a day for pain
MELATONIN 1 MG / 1 Tablet by mouth at bedtime for insomnia
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Give 17 gram by mouth every 24 hours as needed for Constipation
PRAMIPEXOLE DIHYDROCHLORIDE 0.125 MG / 1 Tablet by mouth in the morning for Parkinson's for 7 Days

14. DME and Supplies:
bath bench, grab bars, sliding board, wheelchair

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
aspirin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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: 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
OT: another facility/provider will be responsible for managing treatment

Homebound status:
Due to diagnosis of Unspecified fracture of the lower end of right radius, subsequent encounter for closed 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 a 79-year-old woman residing at Red Door ALF who continues to benefit from skilled OT services to address ADLs, transfers, and range-of-motion (ROM) deficits of the bilateral shoulders and right hand. Her functional limitations are primarily related to a right wrist fracture and Parkinson's disease. She requires assistance with bathing, dressing, and toileting due to limited functional use of the right hand. She also presents with decreased ROM in both shoulders and requires minimal to contact guard assistance for sit-to-stand transfers to ensure safety. The patient is ambulatory with a rolling walker and requires contact guard assistance for safe mobility. Her past medical history is significant for Parkinson's disease, hypertension, hyperlipidemia, ambulatory dysfunction, osteopenia, right shoulder osteoarthritis, and epilepsy. Continued skilled OT intervention is recommended to improve functional independence, safety, ROM, and performance of daily activities.<o:p></o:p>   Date of Order<o:p></o:p> 09/04/2026
Order<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

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
Tracy Bishop
110 Painters Mill Road, Ste 206
Owings Mills, MD 21117
PHONE: 410-356-4680 FAX: 14106986737 NPI: 1952726820

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 : 07/15/2026

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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font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> Physician Face-to-Face Date: 07/15/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing<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>
4 - Recertification OT Notes: to address adls, transfers, and rom of bilateral shoulders and right hand<o:p></o:p> Physician: Bishop, Tracy

SN Careplans

SN frequency

09/08/2026 Problems : M1700 - Cognition
M1620 - Bowel Incontinence
frequent urination

SN Goals

OT Careplans

OT frequency Auth H1508802 WK2: 1 (09/13/26-09/19/26),Auth H1508802 WK3: 1 (09/20/26-09/26/26),Auth H1508802 WK4: 1 (09/27/26-10/03/26),Auth H1508802 WK5: 1 (10/04/26-10/10/26),Auth H1508802 WK6: 1 (10/11/26-10/17/26),Auth H1508802 WK7: 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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

OT Goals

PATIENT-STATED GOAL: Patient wants to use the right hand more

GOALS
Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Patient will demonstrate improve right wrist extension from 10 degs to 30 degs to improve adl participation

Signature of Physician:	Date

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

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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 : lethargy
involuntary movement of extremity
balance deficit
limited range of motion
limited strength

PROCEDURES: Therapeutic exercises : Rom exercises of bilateral shoulders and right hand, Transfer training: Sit to stand transfers, ADLs: ADLs, Patient/caregiver recalls related purpose and schedule of medications: Medication Review

TEACH PATIENT/CAREGIVER: Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Patient will demonstrate improve right wrist extension from 10 degs to 30 degs to improve adl participation

Signature of Physician:	Date
	PAGE 3 of 3
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