Home Health Certification and Plan of Care

Order ID: 1150/21895

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83143192	07/09/2026	From: 09/07/2026 To: 11/05/2026	27633	217058

6. Patient's Name and Address
Mary McClain
2640 Pennsylvania Ave Apt 127,
Baltimore, MD 21217-
443-452-0368

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 09/07/1948 | **9.Sex** Female

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

PRAVACHOL 40 MG / 1 Tablet by mouth daily for hyperlipidemia
Aspercreme 4 % Top PTMD Patch / Apply 1 Patch to skin transdermal daily may remain in place for up to 12 hours in a 24-hour period
Acetaminophen - Acetaminophen 650 mg by mouth every 8 hours Arthritis

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	07/09/26

13. ICD	Other Pertinent Diagnoses	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	07/09/26
E11.9	Type 2 diabetes mellitus without complications	07/09/26
Z91.81	History of falling	07/09/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/09/26
N18.31	Chronic kidney disease stage 3a	07/09/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	07/09/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	07/09/26
M19.011	Primary osteoarthritis right shoulder	07/09/26
M19.012	Primary osteoarthritis left shoulder	07/09/26
E78.5	Hyperlipidemia unspecified	07/09/26
E04.1	Nontoxic single thyroid nodule	07/09/26
R32.	Unspecified urinary incontinence	07/09/26
R29.6	Repeated falls	07/09/26
Z96.643	Presence of artificial hip joint bilateral	07/09/26
Z87.891	Personal history of nicotine dependence	07/09/26

14. DME and Supplies:
rolling walker, wheelchair

15. Safety Measures:
standard precautions, fall precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Psychosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

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

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

Homebound status: Due to diagnosis of Bilateral primary osteoarthritis of knee, 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 77-year-old with a recent emergency department visit due to severe bilateral knee and shoulder pain. Past medical history is significant for osteoarthritis of the knees and shoulders, dementia, diabetes mellitus (DM), chronic kidney disease (CKD), spondylosis, history of falls, nocturnal urinary incontinence, and right total hip replacement. The patient resides with her sister in a first-floor apartment with no steps required for entry, providing an accessible home environment. The patient is homebound due to significant functional mobility impairments requiring considerable effort and assistance to leave the home, as evidenced by a Tinetti Balance and Gait Assessment score of 7/28, indicating a high risk for falls. During the assessment, the patient required moderate assistance with verbal cueing for proper hand and foot placement during sit-to-stand transfers from the wheelchair. The patient completed wheelchair-to-bed stand-pivot transfers using a rolling walker with minimal assistance and required moderate assistance with left lower extremity management during bed mobility from sitting to supine. Ambulation was limited to approximately 5 feet on an indoor surface using a rolling walker with minimal assistance to guide the walker and ensure safety. Car transfer ability and outdoor mobility were not assessed during this visit. The patient participated in therapeutic exercises and tolerated five repetitions each of supine hip flexion, bridging, hook-lying trunk rotations, straight leg raises, hip abduction, knee extension, and ankle pumps to improve lower extremity strength, flexibility, and functional mobility. Education was provided regarding fall prevention strategies, safe transfer techniques, proper use of the rolling walker, adherence to the prescribed home exercise program, energy conservation, and home safety measures to reduce fall risk. The patient continues to demonstrate deficits in strength, balance, endurance, and mobility that significantly impact functional independence. Skilled home health therapy remains medically necessary to improve strength, balance, transfer ability, gait, and overall functional mobility, with the goal of maximizing safety, reducing fall risk, and increasing independence with activities of daily living within the home environment.
 Date of Order 09/02/2026 Orders Physician Face-to-Face Date: 06/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Bilateral primary osteoarthritis of knee 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 weakness of bilateral upper extremity muscle strength of 3+/5 manuel muscle strength, difficulty with balance that affects her adls, and difficulty with dressing and bathing task. The patient is moderate assistance for sit to stand transfers and is oriented x2, requiring continued OT services to address adls, transfers, balance and bilateral upper extremity muscle strength/rom.
 Physician Dicocco, Eva

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 06/30/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/21895

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83143192	07/09/2026	From: 09/07/2026 To: 11/05/2026	27633	217058

6. Patient's Name and Address
Mary McClain
2640 Pennsylvania Ave Apt 127,
Baltimore, MD 21217-
443-452-0368

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

OT Careplans

OT frequency Auth 1721028958-1 WK2: 1 (09/13/26-09/19/26),Auth 1721028958-1 WK1: 7 (09/07/26-09/12/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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:No Advance Directive

09/02/2026 Problems : abn cholesterol > 200 mg/dL
balance deficit
muscle weakness

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication Review, therapeutic exercises: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, work simplification/energy conservation, transfers training: Sit to stand transfers

TEACH PATIENT/CAREGIVER: Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

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

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Eating - 06. Independent

Patient will demonstrates improved bilateral upper extremity muscle strength from 3+/5 mmt to 4/5 mmt to improve Adls and transfers safely

Signature of Physician:

Date

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

Date
09/02/2026

Home Health Certification and Plan of Care

Order ID: 1150/21895

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83143192	07/09/2026	From: 09/07/2026 To: 11/05/2026	27633	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Mary McClain 2640 Pennsylvania Ave Apt 127, Baltimore, MD 21217- 443-452-0368	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Eating - 06. Independent, Patient will demonstrates improved bilateral upper extremity muscle strength from 3+/5 mmt to 4/5 mmt to improve Adls and transfers safely

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/02/2026