Home Health Certification and Plan of Care

Order ID: 1150/21953

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
421302161	09/09/2026	From: 09/09/2026 To: 11/07/2026	30064	217058

6. Patient's Name and Address
Rachel Brooks
2900 Goodwood Road Apt A,
BALTIMORE, MD 21214-
667-527-1288

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 06/22/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.398	Other sequelae of cerebral infarction	09/09/26

13. ICD	Other Pertinent Diagnoses	Date
R41.840	Attention and concentration deficit	09/09/26
I10.	Essential (primary) hypertension	09/09/26
R00.8	Other abnormalities of heart beat	09/09/26
H52.03	Hypermetropia bilateral	09/09/26
H52.4	Presbyopia	09/09/26
H25.13	Age-related nuclear cataract bilateral	09/09/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	09/09/26
Z79.82	Long term (current) use of aspirin	09/09/26

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

ASPIRIN Chewable 81 MG / 1 Tablet by mouth daily
ATORVASTATIN 80 MG / 1 Tablet by mouth nightly Commonly known as: LIPITOR
CLOPIDOGREL 75 MG / 1 Tablet by mouth daily for 18 days Commonly known as: PLAVIX
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 25 MG / 1 Tablet by mouth daily Commonly known as: TOPROL XL
LISINOPRIL 20 MG / 1 Tablet by mouth daily Commonly known as: ZESTRIL

14. DME and Supplies:
None of the above

15. Safety Measures:
medication safety, fall precautions, standard precautions, smoke detectors , emergency phone # clearly displayed, bedrails up while in bed

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence

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

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status: Due to diagnosis of Other sequelae of cerebral infarction, 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: Home health skilled nursing admission was completed for a 69-year-old female with a past medical history of hypertension, anemia, and chronic pain. The patient is alert and oriented 2 and resides alone in an apartment. She receives regular assistance from a caregiver/friend who resides in the unit below and provides support as needed. Medication reconciliation was completed during the admission, and the patient and caregiver were educated regarding medication adherence, proper medication administration, and potential medication side effects. Skin assessment was completed with no areas of skin breakdown or other concerns identified. Vital signs were within normal limits, and the patient exhibited no signs or symptoms of acute distress at the time of assessment. Skilled nursing education was provided regarding fall-prevention strategies, home safety, pain management, disease-process management, and appropriate signs and symptoms requiring notification of the physician or emergency medical evaluation. The patient continues to require skilled nursing services for ongoing assessment and monitoring, medication and disease-process education, reinforcement of safety measures, and continued evaluation of her overall status and response to the plan of care.
 Date of Order 09/09/2026 Orders Physician Face-to-Face Date: 09/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other sequelae of cerebral infarction Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc
 Physician Gao, Qinglin

SN Careplans

SN frequency Auth 1721237376-1 WK1: 1 (09/09/26-09/12/26),Auth 1721237376-1 WK2: 1 (09/13/26-09/19/26),Auth 1721237376-1 WK3: 1 (09/20/26-09/26/26),Auth 1721237376-1 WK4: 1 (09/27/26-10/03/26),Auth 1721237376-1 WK5: 1 (10/04/26-10/10/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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

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

SN Goals

PATIENT-STATED GOAL: Patients caregiver stated she would like for patient to remain free of fall and regain strength

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

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

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Qinglin Gao
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 18007777904 FAX: NPI: 1053381780

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 : 09/07/2026

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: 1150/21953

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
421302161	09/09/2026	From: 09/09/2026 To: 11/07/2026	30064	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Rachel Brooks 2900 Goodwood Road Apt A, BALTIMORE, MD 21214- 667-527-1288	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

09/10/2026 Problems : cluttered/soiled living area (CM)
insects/rodents present (CM)
A1250 - Lack of Necessary Transportation
M1700 - Cognition
M1745 - Behavioral Issues
M1610 - Urinary Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
limited endurance
limited strength
meal preparation
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, insects/rodents not present in the patient's living environment, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

patient's living environment is clean/uncluttered

insects/rodents not present in the patient's living environment

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/09/2026