

FAX COVER PAGE



Date: 06/17/2026

To:
Carole Miller , MD

From:
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:
Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

Home Health Certification and Plan of Care				Order ID: 1150/19627	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
45500032300		06/10/2026		From: 06/10/2026 To: 08/08/2026	
				4. Medical Record No.	
				26134	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Carolyn Wallace 126 North Hickory Ave Apt 4, BEL AIR, MD 21014- 410-776-3082			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
07/05/1936			Female		
11. ICD		Principal Diagnosis		Date	
I11.0		Hypertensive heart disease with heart failure		06/10/26	
13. ICD		Other Pertinent Diagnoses		Date	
I50.22		Chronic systolic (congestive) heart failure		06/10/26	
I48.20		Chronic atrial fibrillation unspecified		06/10/26	
F43.21		Adjustment disorder with depressed mood		06/10/26	
S72.041D		Disp fx of base of nk of r femr 7thD		06/10/26	
E11.9		Type 2 diabetes mellitus without complications		06/10/26	
E44.0		Moderate protein-calorie malnutrition		06/10/26	
H40.1132		Primary open-angle glaucoma bilateral moderate stage		06/10/26	
E78.5		Hyperlipidemia unspecified		06/10/26	
D51.0		Vitamin B12 defic anemia due to intrinsic factor deficiency		06/10/26	
I44.7		Left bundle-branch block unspecified		06/10/26	
I95.2		Hypotension due to drugs		06/10/26	
R33.9		Retention of urine unspecified		06/10/26	
Z85.528		Personal history of other malignant neoplasm of kidney		06/10/26	
Z79.01		Long term (current) use of anticoagulants		06/10/26	
Z87.440		Personal history of urinary (tract) infections		06/10/26	
Z86.19		Personal history of other infectious and parasitic diseases		06/10/26	
Z96.641		Presence of right artificial hip joint		06/10/26	
Z91.81		History of falling		06/10/26	
14. DME and Supplies:			15. Safety Measures:		
walker, bath bench			walker precautions, standard precautions, medication safety, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
regular			penicillin g		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			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: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			SN: patient will be responsible for managing treatment PT: patient will be responsible for managing treatment OT: family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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:		<div>The patient is an 89-year-old female referred to home health services following a recent hospitalization and subsequent subacute rehabilitation stay related to a fall resulting in a right femoral neck fracture requiring right total hip replacement. Her past medical history is significant for chronic atrial fibrillation, hypertensive heart disease, congestive heart failure, hypertension, hyperlipidemia, acute cystitis, vitamin B12 deficiency, depression, renal cancer, urinary tract infections, left bundle branch block, and the presence of a right artificial hip joint. The patient is alert and oriented to person, place, time, and situation (A&O x4). During the visit, she was accompanied by her friend and primary caregiver, Mr. Dennis, who assists with her care and medication management. According to both the patient and caregiver, the patient initially became ill and was hospitalized, after which she was transferred to a rehabilitation facility where she sustained a fall resulting in a right hip fracture. Following surgical repair and an additional rehabilitation stay, she was transitioned to a long-term care unit. The patient repeatedly expressed a desire to return home and was ultimately discharged once medically stable. The patient currently resides alone in a ground-floor apartment. She utilizes a walker for ambulation and receives assistance from her niece for grocery shopping and other community errands. She is also enrolled in Meals on Wheels services three days per week to assist with nutritional needs. Prior to her recent hospitalization and injury, the patient was independent with transfers, ambulation without an assistive device, activities of daily living (ADLs), and instrumental activities of daily living (IADLs), although she did not drive. During today's assessment, the patient voiced on multiple occasions that she did not feel she required home health services; however, after discussion with her caregiver regarding the importance of therapy services to improve strength, safety, and functional mobility, she agreed to participate. Despite this agreement, the patient demonstrated limited motivation and required moderate encouragement to engage in the physical therapy evaluation. Physical assessment revealed lungs clear to auscultation bilaterally, skin warm, dry, and intact, and no acute signs of distress. The patient denied shortness of breath, pain, dizziness, or lightheadedness. Medications were reviewed with both the patient and caregiver, and the caregiver reported organizing medications weekly in a pillbox to support compliance. Skilled nursing education was provided regarding medication adherence, proper hand hygiene, infection prevention, and fall prevention strategies. Physical therapy evaluation identified lower extremity weakness, impaired balance, gait dysfunction characterized by a flexed posture, narrow base of support, decreased bilateral step length, reduced foot clearance, and minor difficulty with transfers. Balance assessment using the Tinetti Performance-Oriented Mobility Assessment yielded a score of 12/28, indicating a significant fall risk. These impairments have contributed to decreased functional mobility and increased safety concerns within the home environment. Skilled physical therapy is indicated to address strength deficits, balance impairments, gait abnormalities, transfer training, fall prevention, and overall functional mobility with the goal of			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POTS	
Electronically Signed by Messick, Charles RN on 06/10/2026					
24. Physician's Name and Address			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.		
Carissa Miller 615 W Macphail Rd Ste 105&106 Bel Air, MD 21014 PHONE: 4438437000 FAX: 14436431880 NPI: 1154076776			F2F date : 05/14/2026		
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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maximizing independence and reducing the risk of future falls, hospitalization, and functional decline. While the patient demonstrates fair rehabilitation potential, her limited motivation and resistance to therapy participation may impact overall progress and will require continued encouragement and reinforcement of therapy benefits. An occupational therapy evaluation was also completed. The patient currently presents as resistant to initiating occupational therapy services; however, assessment revealed that she is functioning independently with self-care activities, is able to ambulate safely within the home using a rolling walker, and performs functional transfers independently. Based on current functional status, no skilled occupational therapy needs were identified, and no additional occupational therapy services are warranted at this time. The plan of care includes continued skilled nursing and physical therapy services to monitor the patient's medical status, reinforce education, improve strength and mobility, promote safety, and support the patient in maintaining independence within her home environment.

Date of Order06/10/2026OrdersPhysician Face-to-Face Date: 05/14/2026Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Hypertensive heart disease with heart failureHomebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave homeSOC - SN Notes: socPT Eval Notes:OT Eval Notes:

PhysicianMiller, Carissa

SN Careplans

SN WK1: 1 (06/10/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26)

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

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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To get stronger

GOALS

patient/caregiver recalls

- * depression-prevention strategies including avoidance of isolation
- * healthy eating
- * sleeping habits
- * identification of activities that bring pleasure
- * preventive care
- * 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 self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans	PT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/10/2026

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PT WK1: 1 (06/10/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 1 (07/19/26-07/25/26) ,WK8: 1 (07/26/26-08/01/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, home exercise program: Aps, heelraises, hip abduction, hip flexion, laq, hamstring curls, dynamic standing balance exercises: Work dynamic balance amb with and without AD to improve stability and reduce fall risk, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Dynamic balance training			PATIENT-STATED GOAL: I want to get off the walker and get around on my own at home and outside GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Dynamic balance training	
OT Careplans OT WK1: 1 (06/10/26-06/13/26)			OT Goals	
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			PATIENT-STATED GOAL: Evaluation only GOALS 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching 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
Electronically Signed by Messick, Charles RN	06/10/2026