

FAX COVER PAGE



Date: 07/23/2026

To:

Michelle York , 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: 1150/20619	
1. Patient s HI claim No. AA00021707		2. Start Of Care Date 07/17/2026		3. Certification Period From: 07/17/2026 To: 09/14/2026	
		4. Medical Record No. 28164		5. Provider No. 217058	
6. Patient's Name and Address Theresa Mitchell 1202 East Preston Street Apt 416, Baltimore, MD 21202- 443-430-4099				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 05/25/1948				9. Sex Female	
11. ICD S82.091D		Principal Diagnosis Oth fracture of right patella subs for clos fx w routn heal		Date 07/17/26	
13. ICD I12.9		Other Pertinent Diagnoses Hypertensive chronic kidney disease w stg 1-4/unsp chr kdney		Date 07/17/26	
N18.30		Chronic kidney disease stage 3 unspecified		07/17/26	
D63.1		Anemia in chronic kidney disease		07/17/26	
N17.9		Acute kidney failure unspecified		07/17/26	
D50.9		Iron deficiency anemia unspecified		07/17/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		07/17/26	
I71.60		Thoracoabdominal aortic aneurysm without rupture unsp		07/17/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		07/17/26	
E78.00		Pure hypercholesterolemia unspecified		07/17/26	
H40.1190		Primary open-angle glaucoma unsp stage unspecified		07/17/26	
I82.619		Acute embolism and thrombosis of superfic vn unsp up extrem		07/17/26	
R91.1		Solitary pulmonary nodule		07/17/26	
Z79.82		Long term (current) use of aspirin		07/17/26	
Z91.81		History of falling		07/17/26	
14. DME and Supplies: bath bench, walker, cane				15. Safety Measures: standard precautions, fall precautions, , ambulates with device, walker precautions, medication safety, ambulates with assistance, anticoagulant precautions, activity supervision	
16. Nutrition: cardiac diet				17. Allergies: no known allergies	
18.A. Functional Limitations Ambulation, Endurance, DECREASED VISUAL ACUITY				18.B. Activities Permitted Up As Tolerated, Exercises Prescribed, Walker, Cane	
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 patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Other fracture of right patella, 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:		<p class="16" align="justify" style="text-align:justify;text-justify:inter-ideograph;">The patient was admitted to home health services following hospitalization after a mechanical fall on 7/6 that resulted in an acute nondisplaced right lateral patellar facet fracture and severe anemia (hemoglobin 5.7 g/dL), requiring transfusion of two units of packed red blood cells. Past medical history is significant for hypertension, hyperlipidemia, coronary artery disease, thoracoabdominal aortic aneurysm, chronic kidney disease stage 3, gastroesophageal reflux disease, primary open-angle glaucoma, history of thrombus with embolism, anemia, and recurrent falls. The patient lives alone in an elevator-accessible senior apartment, with family and friends providing assistance as needed; however, clutter within the home limits safe walker navigation. On assessment, the patient was alert and oriented 3, denied pain and shortness of breath, had clear lung sounds, reported a good appetite and a bowel movement the previous day, and was wearing a right knee immobilizer while ambulating with a rolling walker under supervision for approximately 30 feet. Bed mobility and transfers to the bed, chair, and toilet also required supervision. Medication reconciliation was completed, and the patient reported recent changes to antihypertensive medications; skilled nursing will continue to monitor medication effectiveness and adherence. The patient was instructed to wear the right knee immobilizer at all times, tolerated a five-repetition home exercise program, and demonstrated understanding of all education provided. The patient is homebound due to the considerable effort required to leave the home with an assistive device and an increased fall risk, as evidenced by a Tinetti Balance and Gait Assessment score of 14/28. Occupational therapy evaluation identified deficits in standing balance, standing tolerance, upper extremity strength, activity tolerance, and independence with self-care and functional mobility compared to the patient's prior level of function. Continued skilled nursing, physical therapy, and occupational therapy are medically necessary to provide medication management, monitor recovery, improve strength, balance, mobility, and safety, reduce fall risk, and			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 07/17/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Michelle York 1800 Orleans St Baltimore, MD 21287 PHONE: 4105229800 FAX: 14103672174 NPI: 1831777416				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 : 07/13/2026	
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. PAGE 1 of 4	

Home Health Certification and Plan of Care				Order ID: 1150/20619
1. Patient's HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00021707	07/17/2026	From: 07/17/2026 To: 09/14/2026	28164	217058
6. Patient's Name and Address Theresa Mitchell 1202 East Preston Street Apt 416, Baltimore, MD 21202- 443-430-4099			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	

SN Careplans	SN Goals
SN WK1: 1 (07/17/26-07/18/26) ,WK2: 2 (07/19/26-07/25/26) ,WK3: 2 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) 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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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, 8. Currently reports exhaustion, 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	PATIENT-STATED GOAL: I WANT TO BE ABLE TO GET AROUND GOALS patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids 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 * 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 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 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/17/2026

Home Health Certification and Plan of Care				Order ID: 1150/20619	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00021707		07/17/2026		From: 07/17/2026 To: 09/14/2026	
				4. Medical Record No.	
				28164	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Theresa Mitchell			HomeCentris Healthcare LLC		
1202 East Preston Street Apt 416,			10 Crossroads Drive, Suite 102		
Baltimore, MD 21202-			Owings Mills, MD 21117-8284		
443-430-4099			410-321-8448		
			1487113239		
Recommendation: eg. 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 PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited endurance, limited strength, balance deficit, Pain Interference with ADLs, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, monitor intake & output, coordinate/arrange resources for vision-impaired 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, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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					
PT Careplans			PT Goals		
PT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26)			PATIENT-STATD GOAL: To walk with my cane again		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface			GOALS		
PROCEDURES: Family training: Wear right knee immobilizer at all times, home exercise program: All exercises with right knee immobilizer. Supine quad sets, straight leg raise, hip abduction, right knee flexion. Standing hip abduction, hip extension, plantarflexion, left knee flexion. Sitting ankle pumps and left knee extension, gait training/stair training: With right knee immobilizer, transfers training			Toilet Transfer - 06. Independent		
TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance			Sit to Stand - 05. Setup or clean-up assistance		
			Chair to Bed to Chair - 05. Setup or clean-up assistance		
			Walk 10 Feet - 04. Supervision or touching assistance		
			Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		
			Walk 150 Feet - 04. Supervision or touching assistance		
			1 - Step (curb) - 04. Supervision or touching assistance		
			4 Steps - 04. Supervision or touching assistance		
			12 Steps - 04. Supervision or touching assistance		
			Picking Up Object - 04. Supervision or touching assistance		
			Car Transfer - 05. Setup or clean-up assistance		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
OT Careplans			OT Goals		
OT WK2: 1 (07/19/26-07/25/26) ,WK4: 1 (08/02/26-08/08/26)			PATIENT-STATD GOAL: Get in the shower		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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			GOALS		
PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, shoulder raises 2-3 sets of 10-12 reps, equipment training, work simplification/energy conservation, transfers training			Chair to Bed to Chair - 06. Independent		
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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or			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		
			Sit to Stand - 06. Independent		
Signature of Physician:			Date		
			PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			07/17/2026		

Home Health Certification and Plan of Care				Order ID: 1150/20619
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00021707	07/17/2026	From: 07/17/2026 To: 09/14/2026	28164	217058
6. Patient's Name and Address Theresa Mitchell 1202 East Preston Street Apt 416, Baltimore, MD 21202- 443-430-4099			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	
touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			Car Transfer - 06. Independent Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent	

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/17/2026