Home Health Certification and Plan of Care

Order ID: 1150/18791

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9UT4W00WA92	05/19/2026	From: 05/19/2026 To: 07/17/2026	25668	217058

6. Patient's Name and Address

Margaret Furst
13239 East Greenbank Road,
MIDDLE RIVER, MD 21220-
410-371-5825

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 08/12/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
K55.20	Angiodysplasia of colon without hemorrhage	05/19/26
G62.9	Polyneuropathy unspecified	05/19/26
F32.A	Depression unspecified	05/19/26
M54.2	Cervicalgia (M54.2)	05/19/26
I10.	Essential (primary) hypertension	05/19/26
E78.5	Hyperlipidemia unspecified	05/19/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	05/19/26
M81.0	Age-related osteoporosis w/o current pathological fracture	05/19/26
E46.	Unspecified protein-calorie malnutrition	05/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/19/26
N32.81	Overactive bladder	05/19/26
K64.8	Other hemorrhoids	05/19/26
K59.04	Chronic idiopathic constipation	05/19/26
Z79.82	Long term (current) use of aspirin	05/19/26

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

WELLBUTRIN 75 mg 75 mg / 1 Tablet by mouth two times a day for DEPRESSION
Vitron-C (Iron-Vitamin C) 65-125 MG / 1 Tablet by mouth in the morning for ANEMIA
TELMISARTAN 40 mg 40 mg / 1 Tablet by mouth in the morning for HTN
SIMVASTATIN 20 mg 20 mg / 1 Tablet by mouth at bedtime for HLD
Senokot S - Senna 8.6-50 mg/tablet / Give 2 tablet by mouth every morning and at bedtime for Constipation
PANTOPRAZOLE 40 mg Delayed Release 40 mg / 1 Tablet by mouth one time a day for GERD BEFORE BREAKFAST
GABAPENTIN 300 mg 300 mg / 1 Capsule by mouth every morning and at bedtime for NEUROPATHY
ERGOCALCIFEROL 1.25 MG (50000 UT) / 1 Capsule by mouth in the morning every Tue for VITAMIN SUPPLEMENT
Aspirin Ec - Aspirin 0 Delayed Release 81 mg / 1 Tablet by mouth in the morning for CAD DO NOT CRUSH
LATANOPROST Solution 0.005 % / Instill 1 drop in both eyes at bedtime for GLAUCOMA SEPARATE EYE DROP ADMINISTRATION BY 5 MINUTES

14. DME and Supplies:

rolling walker, wheelchair, bath bench, walker, grab bars

15. Safety Measures:

walker precautions, medication safety, fall precautions, , wheelchair precautions, standard precautions, hand rails, bathroom safety

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

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:

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Iron deficiency anemia secondary to blood loss (chronic), 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 90-year-old female referred to home health services following a recent hospitalization and subsequent subacute rehabilitation stay related to iron deficiency anemia, angiodysplasia, polyneuropathy, bilateral lower extremity discoloration, and progressive dyspnea. Her past medical history is significant for hypertension, depression, gastroesophageal reflux disease (GERD), iron deficiency anemia, polyneuropathy, cervicalgia, and other chronic comorbidities. During hospitalization, the patient presented with foot discoloration associated with intermittent tingling and numbness as well as worsening dyspnea and severe anemia. She received transfusion of two units of packed red blood cells, with improvement in hemoglobin level from 5.4 g/dL to 10.6 g/dL prior to discharge to a rehabilitation facility. The patient has since returned home and continues to require skilled nursing and therapy services for ongoing monitoring, rehabilitation, and functional recovery. The patient is alert and oriented x4 and was noted to be in no acute distress at the time of assessment. Physical assessment revealed lungs clear to auscultation bilaterally with respirations even and unlabored. Skin was intact with no open areas or wounds noted. The patient denied shortness of breath, dizziness, lightheadedness, or pain during the visit. Bilateral lower extremity purple discoloration and +2 edema were observed. The patient reported that discoloration worsens when compression stockings are not worn or when the lower extremities become cold. Compression stockings were in place during assessment, and the patient was encouraged to continue wearing them consistently and to elevate her lower extremities while seated to assist with edema management and circulation. The patient resides alone in a two-story home with a first-floor setup and approximately 10 stairs equipped with bilateral handrails. A stair glide is available to access the basement, although it is not currently being utilized. The patient receives extensive caregiver assistance through private aides who provide supervision and support with activities of daily living from 5:00 PM to 11:00 AM, with intermittent periods during the day when the patient remains alone. Prior to hospitalization, the patient was ambulatory with a rollator walker and independent with transfers, bed mobility, activities of daily living, and stair negotiation. Currently, the patient demonstrates impaired balance, low endurance, difficulty with transfers, gait instability, and impaired stair negotiation. She owns a walker and rollator but is currently utilizing a wheelchair for the majority of mobility. During therapy assessment, the patient ambulated with a rolling walker and demonstrated inability to adequately dorsiflex the feet, resulting in altered gait mechanics with forefoot-first or flat-foot placement and requiring minimal to moderate assistance for safety. The patient expressed a goal of returning to ambulation with her rollator walker. Vital signs revealed elevated blood pressure of 160/80, and the patient reported that systolic blood pressure readings have reached as high as the 180s. Medication review was completed with both the patient and her daughter. Education was provided regarding medication compliance, the importance of daily blood pressure monitoring and documentation, edema management through lower extremity elevation and compression stocking use, fall prevention strategies, safe mobility techniques, and when to notify the physician of changes in condition. The patient and daughter verbalized understanding of all teaching provided. Skilled physical therapy services are medically necessary to address lower extremity weakness, impaired balance, gait abnormalities, decreased endurance, transfer deficits, stair negotiation difficulties, and fall risk in order to maximize safety and improve functional mobility. Skilled nursing services remain indicated for cardiopulmonary assessment, blood pressure monitoring, medication management, edema assessment, disease process education, and ongoing monitoring of anemia and circulatory status. The patient is motivated to participate in therapy and demonstrates good rehabilitation potential to improve independence and quality of life while reducing risk of falls and rehospitalization.
 Date of Order 05/19/2026 Orders <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Theresa Hall
7602 Belair Road
Baltimore, 0 21236
PHONE: 4106638100 FAX: 14106638119 NPI: 1053677575

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 : 04/27/2026

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: 1150/18791

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9UT4W00WA92	05/19/2026	From: 05/19/2026 To: 07/17/2026	25668	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Margaret Furst 13239 East Greenbank Road, MIDDLE RIVER, MD 21220- 410-371-5825	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

style="font-size: 14px;">Physician Face-to-Face Date: 04/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Iron deficiency anemia secondary to blood loss (chronic) 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 PT Eval Notes:
 Physician Hall, Theresa

SN Careplans

SN WK1: 1 (05/19/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26)

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: 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
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, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To walk with an assistive device.;To walk with the aid of an assistive device.

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/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

PT Careplans

PT WK1: 1 (05/19/26-05/23/26) ,WK2: 2 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170D1 - Sit to Stand, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb),

PT Goals

PATIENT-STATED GOAL: To walk again by myself in the home. Two get up and down the steps and get stronger

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/19/2026

Home Health Certification and Plan of Care

Order ID: 1150/18791

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9UT4W00WA92	05/19/2026	From: 05/19/2026 To: 07/17/2026	25668	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Margaret Furst 13239 East Greenbank Road, MIDDLE RIVER, MD 21220- 410-371-5825	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: Medication management : Review medication with patient and the caregiver, home exercise program: Toe raises heel raises knee extension hip flexion, hip abduction hamstring curls, butt squeezes., equipment training, work simplification/energy conservation, dynamic standing balance exercises: To improve ankle hip and step strategies improve reaction time to reduce risk for falls, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

Sit to Stand - 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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/19/2026