Home Health Certification and Plan of Care

Order ID: 1150/20599

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32733161	05/19/2026	From: 07/18/2026 To: 09/15/2026	25406	217058

6. Patient's Name and Address
Eunice Warner-Harris
217 Beale Court 1st floor,
BALTIMORE, MD 21231-
410-320-1780

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 08/11/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/19/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/19/26
N18.32	Chronic kidney disease stage 3b	05/19/26
G23.1	Progressive supranuclear ophthalmoplegia	05/19/26
F01.53	Vascular dementia unspecified severity with mood disturb	05/19/26
F32.9	Major depressive disorder single episode unspecified	05/19/26
I65.22	Occlusion and stenosis of left carotid artery	05/19/26
R47.1	Dysarthria and anarthria	05/19/26
I95.1	Orthostatic hypotension	05/19/26
I48.0	Paroxysmal atrial fibrillation	05/19/26
E78.5	Hyperlipidemia unspecified	05/19/26
M13.89	Other specified arthritis multiple sites	05/19/26
G89.29	Other chronic pain	05/19/26
M54.9	Dorsalgia unspecified	05/19/26
Z99.3	Dependence on wheelchair	05/19/26
Z91.81	History of falling	05/19/26

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

AMLODIPINE 5 mg/tablet / Give 2 Tablet by mouth once a day for HTN
ATORVASTATIN 40 mg / 1 Tablet by mouth once a day for Hyperlipidemia
CARVEDILOL 12.5 mg / 1 Tablet by mouth twice a day for HTN
EZETIMIBE 10 mg / 1 Tablet by mouth once a day for Hyperlipidemia
IBUPROFEN 800 mg 600 mg / 1 Tablet by mouth every 6 hours as needed for pain
MELATONIN 3 mg/tablet / Give 2 tablet by mouth once a day for sleeping aid
MULTIVITAMIN 1 Tablet by mouth once a day for supplement
ZONISAMIDE 100 mg / 1 Capsule by mouth once a day for seizure prophylaxis
Carbidopa And Levodopa - Carbidopa: Levodopa 25-100 mg/tablet / Give 2 tablet by mouth twice a day for Parkinson

14. DME and Supplies:
wheelchair, rolling walker, grab bars, hospital bed, commode, bath bench, 2 ankle boots

15. Safety Measures:
standard precautions, seizure precautions, remove environmental barriers, medication safety, bedrails up while in bed, fall precautions, diabetic precautions, , bathroom safety, , , activity supervision

16. Nutrition:
regular

17. Allergies:
Ace Inhibitors

18.A. Functional Limitations
Ambulation, Endurance, Paralysis, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair, Walker, Exercises Prescribed, Up As Tolerated, Wear

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

20. Prognosis: good

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

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

Homebound status: Due to diagnosis of Parkinson's disease without dyskinesia, without mention of fluctuations, 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 73-year-old female admitted to home health services following recent discharge from a skilled nursing facility to home after hospitalization related to an unresponsive episode with seizure activity. Her past medical history is significant for Parkinson's disease, progressive supranuclear ophthalmoplegia, dementia, left carotid artery stenosis, dysarthria, hypotension, atrial fibrillation, depression, arthritis, hypertension, hyperlipidemia, type 2 diabetes mellitus, and recurrent falls. The patient resides with her son in a first-floor apartment with one step required for entry. Her son serves as the primary caregiver and assists with daily care and supervision. The patient also receives home health aide assistance five days per week for approximately two hours daily to assist with personal care activities. At the time of assessment, the patient was alert and oriented x2 with low-pitched slurred speech noted, consistent with her neurological diagnoses. The patient is primarily wheelchair-bound for mobility but is able to ambulate short household distances with a rolling walker and assistance. No skin breakdown, open wounds, or pressure injuries were observed during the visit. Diabetes mellitus is currently managed through diet control, and the patient does not routinely monitor blood glucose levels at home. The patient requires extensive assistance with activities of daily living and mobility-related tasks due to weakness, impaired balance, decreased endurance, and neurological impairment. Physical therapy evaluation revealed significant deficits in functional mobility, strength, endurance, gait stability, transfers, and balance. The patient ambulated approximately 25 feet twice on indoor surfaces using a rolling walker with minimal assistance. Bed mobility, specifically supine-to-sit transfers, required minimal assistance, and sit-to-stand transfers from bed and wheelchair also required minimal assistance for safety. The patient demonstrated impaired balance with a Tinetti balance assessment score of 8/28, indicating very high fall risk. The patient tolerated therapeutic exercises including 10 repetitions each of supine hip flexion, bridging, hooklying rotation, straight leg raises, and hip abduction exercises. Skilled physical therapy services are medically necessary to address lower extremity strengthening, transfer training, gait training, balance retraining, endurance improvement, and fall prevention in order to maximize safety and functional mobility within the home environment. Occupational therapy evaluation identified decreased standing balance, reduced standing tolerance, decreased bilateral upper extremity strength, impaired activity tolerance, and deficits affecting self-care, functional transfers, and functional ambulation tasks. Prior to the recent hospitalization, the patient already required extensive assistance with activities of daily living and primarily utilized a wheelchair for mobility while ambulating short distances with assistance and a walker. Skilled occupational therapy services are recommended to address deficits limiting the patient's ability to safely perform activities of daily living, improve upper extremity strength and endurance, increase safety with functional mobility and transfers, and support maintenance of the highest possible level of independence. The patient remains homebound due to impaired mobility related to Parkinson's disease, progressive neurological decline, weakness, arthritis, recurrent falls, poor balance, and need for wheelchair mobility with assistance required for short-distance ambulation. Leaving the home requires significant effort and caregiver assistance. Skilled nursing and therapy services remain medically necessary for disease management, medication education, cardiopulmonary monitoring, safety assessment, strengthening, balance training, transfer training, functional mobility retraining, fall prevention, and caregiver education to reduce risk of injury, further decline, and rehospitalization while promoting optimal quality of life within the home setting.
 Date of Order 07/16/2026 Orders Physician Face-to-Face Date: 04/03/2026 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 04/03/2026

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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14px;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Parkinson's disease without dyskinesia, without mention of fluctuations 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 fall with right ankle fracture requiring continued skilled therapy to improve walking. Continued skilled services remain medically necessary to improve gait, transfers, strength, and functional mobility while reducing fall risk and maximizing safety in the home.
 Physician Baffoe-Bonnie, Edna

SN Careplans

SN Goals

PT Careplans

PT WK2: 1 (07/19/26-07/25/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: WNL

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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 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 on File

PT Goals

PATIENT-STATED GOAL: To be able to get in and out of the bed without help

GOALS
Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/16/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, limited strength, limited endurance, impaired speech, balance deficit, lethargy

PROCEDURES: Bed mobility training : Sit to supine and supine to sit, Gait training on level surface and steps: Ambulates with rolling walker, Family training with son: For bed mobility and transfers, cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, transfers training

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 - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
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