

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.		5. Provider No.			
28164		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Theresa Mitchell 1202 East Preston Street Apt 416, Baltimore, MD 21202- 443-430-4099			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			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
S82.091D			ZETIA 10 MG / 1 Tablet by mouth daily CHOLESTEROL		
Principal Diagnosis			ASPIRIN 81 MG / 1 Tablet by mouth daily PROPHYLACTIC		
Oth fracture of right patella subs for clos fx w routn heal			Amlodipine - Amlodipine Besylate 5MG; 1 TAB by mouth once a day BLOOD		
Date			PRESSURE		
07/17/26			Pantoprazole - Pantoprazole Sodium 40 mg 40MG; 1 TAB by mouth twice a		
13. ICD			day GERD		
I12.9			COSOPT 22.3-6.8 mg/mL ophthalmic solution / Place 1 drop into both eyes 2		
Other Pertinent Diagnoses			(two) times daily		
Hypertensive chronic kidney disease w stg 1-4/unsp chr					
kdney					
Date					
07/17/26					
N18.30					
Chronic kidney disease stage 3 unspecified					
Date					
07/17/26					
D63.1					
Anemia in chronic kidney disease					
Date					
07/17/26					
N17.9					
Acute kidney failure unspecified					
Date					
07/17/26					
D50.9					
Iron deficiency anemia unspecified					
Date					
07/17/26					
I25.10					
Athscl heart disease of native coronary artery w/o ang					
pctrs					
Date					
07/17/26					
I71.60					
Thoracoabdominal aortic aneurysm without rupture unsp					
Date					
07/17/26					
K21.9					
Gastro-esophageal reflux disease without esophagitis					
Date					
07/17/26					
E78.00					
Pure hypercholesterolemia unspecified					
Date					
07/17/26					
H40.1190					
Primary open-angle glaucoma unsp stage unspecified					
Date					
07/17/26					
I82.619					
Acute embolism and thrombosis of superfic vn unsp up					
extrem					
Date					
07/17/26					
R91.1					
Solitary pulmonary nodule					
Date					
07/17/26					
Z79.82					
Long term (current) use of aspirin					
Date					
07/17/26					
Z91.81					
History of falling					
Date					
07/17/26					
14. DME and Supplies:			15. Safety Measures:		
bath bench, walker, cane			standard precautions, fall precautions, , ambulates with device, walker		
			precautions, medication safety, ambulates with assistance, anticoagulant		
			precautions, activity supervision		
16. Nutrition:			17. Allergies:		
cardiac diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance, DECREASED VISUAL ACUITY			Up As Tolerated, Exercises Prescribed, Walker, Cane		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0.					
Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: Good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by			patient will be responsible for managing treatment		
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.					
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:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/17/2026					
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,		
Michelle York			physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under		
1800 Orleans St			my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Baltimore, MD 21287			F2F date : 07/13/2026		
PHONE: 4105229800 FAX: 14103672174 NPI: 1831777416					
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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maximize functional independence.

Date of Order

Physician Face-to-Face Date: 07/13/2026

Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat o-eval & treat hha-adl's dx: Other fracture of right patella, subsequent encounter for closed fracture with routine healing

Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

PT Eval Notes:

OT Eval Notes:

Physician:

York, Michelle

SN Careplans

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

SN Goals

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

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			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		
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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	

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