FAX COVER PAGE



Date: 10/29/2026

To:
Dara Jackson , 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 1150/22558

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
32024466	10/09/2026	10/09/2026 - 12/07/2026	30980	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Jacqueline Gracey 7214 Stony Barr Road Windsor Mill, MD 21244	Female	09/20/1965	443-685-8070
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:

The patient is a 61-year-old female with a past medical history significant for hypertension, hyperlipidemia, diabetes mellitus, HIV, liver disease, and cerebrovascular accident (CVA). She was recently hospitalized due to fluid accumulation in the lungs and was subsequently referred for home health services for disease process management, medication education, and physical therapy. The patient resides with her husband and must navigate 10 steps inside the home and 6 steps outside to exit the residence. She is considered homebound due to generalized weakness, a history of falls, impaired mobility, and the need for a wheelchair and supervision when ambulating or leaving the home. Skilled nursing services are ordered twice weekly for three weeks, along with physical therapy, to address her ongoing medical and functional needs. Upon assessment, the patient is alert and oriented to person, place, time, and situation (A&O x4). She denies chest pain, headache, nausea, and vomiting but reports shortness of breath with minimal exertion. Lung sounds are clear to auscultation. The abdomen is rounded with normoactive bowel sounds, and the patient reports her last bowel movement was this morning. Pedal pulses are present bilaterally, with +1 edema noted in both lower extremities. Continued skilled nursing services are indicated for ongoing assessment, disease process monitoring, medication education, and reinforcement of appropriate symptom management and safety precautions. The physical therapy evaluation was completed. Prior to hospitalization, the patient was primarily chair-bound and required moderate assistance for transfers. The current evaluation reveals significant bilateral lower-extremity weakness, with manual muscle testing (MMT) graded at 3-/5, impaired functional mobility, and the need for moderate assistance with transfers. She is currently unable to ambulate. Skilled physical therapy is medically necessary to improve bilateral lower-extremity strength, enhance balance, improve transfer ability, and promote safe and independent functional

Physician Statement on Homebound Status:

Due to diagnosis of Hypercalcemia, 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.

mobility. The plan of care includes progressive therapeutic exercises, balance and transfer training, functional mobility activities, and patient and caregiver education on fall prevention and safety. Continued skilled nursing and physical therapy interventions are necessary to address the patient's medical and functional limitations, reduce the risk of complications and falls, and facilitate a safe return to her prior level of function as tolerated.

Date of Order
10/09/2026
Orders
Physician Face-to-Face Date: 09/18/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat due to Hypercalcemia
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
Jackson, Dara

ICD-10 CM Principal Diagnosis: E83.52. Hypercalcemia

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
G93.41	Metabolic encephalopathy	NYSTATIN 1 app topical twice a day ASPIRIN Chewable 81 MG / 1 Tablet by mouth Every day LIDOCAINE 4% Topical Film / 1 Patch topical One time THIAMINE 100 MG / 1 Tablet by mouth Every day ATORVASTATIN 40 MG / 1 Tablet by mouth At night at bedtime Biktarvy 50 MG-200 MG- 25 MG / 1 Tablet by mouth once a day Metoprolol Tartrate - Metoprolol Tartrate 75 MG / 1 Tablet by mouth twice a day PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth Every day Ventolin Hfa - Albuterol Sulfate Inhalation Aerosol 90 MCG/INH / 2 inh inhalant as necessary every 6 hours for shortness of breath or wheezing FUROSEMIDE 20 MG / 1 Tablet by mouth twice a day TRELEGY ELLIPTA Inhalation Powder 100 mcg-62.5 mcg-25 mcg / 1 inh inhalant once a day GABAPENTIN 600 MG Tablet / 2 tab(s) by mouth three times a day Lantus Solostar - Insulin Glargine Recombinant 100 UNIT/ML / 40 unit(s) subcutaneous Every day CONSTULOSE 10 G/15 ML Oral liquid / 30 Milliliter by mouth Every day METFORMIN Extended Release 750 MG / 1 Tablet by mouth twice a day Olmesartan Medoxomil - Olmesartan Medoxomil 40 MG / 1 Tablet by mouth Every day ONDANSETRON 4 MG / 1 Tablet by mouth as necessary Every 8 hours K-Tab - Potassium Chloride Extended Release 10 MEQ / 1 Tablet by mouth twice a day SERTRALINE 50 MG / 1 Tablet by mouth Every day SPIRONOLACTONE 100 MG / 1 Tablet by mouth once a day MOUNJARO subcutaneous solution 12.5 mg/0.5 ml / 12.5 Milligram subcutaneous once a week TRAMADOL 50 MG Tablet / 2 tab(s) by mouth three times a day
I10.	Essential (primary) hypertension	
E78.5	Hyperlipidemia unspecified	
E11.9	Type 2 diabetes mellitus without complications	
I69.322	Dysarthria following cerebral infarction	
I69.392	Facial weakness following cerebral infarction	
B20.	Human immunodeficiency virus [HIV] disease	
B18.1	Chronic viral hepatitis B without delta-agent	
K74.60	Unspecified cirrhosis of liver	
J44.9	Chronic obstructive pulmonary disease unspecified	
R13.10	Dysphagia unspecified	
E83.42	Hypomagnesemia	
D61.818	Other pancytopenia	
Z79.84	Long term (current) use of oral hypoglycemic drugs	
Z79.4	Long term (current) use of insulin	
Z79.82	Long term (current) use of aspirin	
Z86.711	Personal history of pulmonary embolism	

Prognosis	**Mental and Psychosocial Status** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Paralysis, Endurance, Ambulation, Speech, Dyspnea With Minimal Exertion	**Activities Permitted** Up As Tolerated, Wheelchair, Walker
DME & Supplies bath bench, commode, walker, wheelchair	**Safety Measures** activity supervision, ambulates with assistance, ambulates with device, aspiration precautions, avoid temperature extremes, bathroom safety, diabetic precautions, fall precautions, infectious material management, medication safety, sharps precautions, supervision at all times, transfer with assist, walker precautions, wheelchair precautions
Nutrition low sodium, Low carbohydrate, low salt, Pured	**Allergies** morphine penicillin g

Advance Directives	Caregiver Status
POLST (Physician Orders for Life-Sustaining Treatment)	0. No assistance needed - patient is independent or does not have needs in this area; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: 9. Not Applicable, MOBILITY: 9. Not Applicable	SN: patient will be responsible for managing treatment PT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

PT Eval

SN CAREPLAN

SN frequency WK1: 1 (10/09/26-10/10/26),WK2: 2 (10/11/26-10/17/26),WK3: 2 (10/18/26-10/24/26),WK4: 1 (10/25/26-10/31/26)

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, Blood Sugar < 60 > 300

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), 3. Multiple hospitalizations (2

or more) in the past 6 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:POLST (Physician Orders for Life-Sustaining Treatment)

10/09/2026 Problems : Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abn cholesterol > 200 mg/dL
abnormal blood pressure
lightheadedness
wheezing
dependent edema

SN NARRATIVE

Patient is a 61 year old female with PMH HTN, HLD, DM, HIV, liver disease. Patient lives with her husband and need to navigate 10 steps in home and 6 steps outside home. Patient admitted to home health care for disease process , medication education 2 visits weekly for 3 weeks for nursing and PT as per order.

Patient is alert and oriented x4, denies chest pain, headache, nausea and vomitting. SOB on minimum exertion. Patient lungs clear on auscultation. Abdomen rounded with normoactive bowel sounds LBM this morning. Pedal pulse present. +1 edema BLE.

SN GOALS

PATIENT-STATED GOAL: Strengthen my legs

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

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

meal preparation is available to patient for all meals

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

coughing balance deficit lethargy pain radiating to arms/legs impaired speech headache daytime fatigue difficulty sleeping limited strength limited range of motion limited endurance muscle weakness poor muscle tone increased urine output diarrhea constipation heartburn/indigestion loss of appetite obesity drooling bruising/discoloration itchy skin abnormal BS < 70/140 > mg/dL B1000 - Vision Deficit meal preparation PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, swallowing exercises, glucose testing via monitor, coordinate/arrange preparation of missing meals, 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, * 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, meal preparation is available to patient for all meals	

PT CAREPLAN

PT frequency WK1: 3 (10/09/2026 - 10/10/2026),WK2: 1 (10/11/2026 - 10/17/2026),WK3: 1 (10/18/2026 - 10/24/2026),WK4: 1 (10/25/2026 - 10/31/2026)

10/12/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170D1 - Sit to Stand
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, work simplification/energy conservation, gait training/stair training: ., transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PT GOALS

PATIENT-STATED GOAL: To be able to walk with less help

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching 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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 10/09/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 09/18/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **Dara Jackson**
6901 Security Blvd Ste 200
, MD 21244
NPI 1912527987

Phone Number 4108372050

Fax Number 18666290091

Physician's Signature and Date Signed

X

Dara Jackson, MD
09/18/2026: Date of physician last face-to-face