Home Health Certification and Plan of Care

Order ID: 1150/11660

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30594977590	08/23/2025	From: 08/23/2025 To: 10/21/2025	16744	217058

6. Patient's Name and Address

Eula Williams
1339 Pent wood Rd,
BALTIMORE, MD 21239-
412-435-7475

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 08/08/1959 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	08/23/25

13. ICD	Other Pertinent Diagnoses	Date
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	08/23/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/23/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/23/25
N18.30	Chronic kidney disease stage 3 unspecified	08/23/25
I69.354	Hemiplga following cerebral infrc affecting left nondom side	08/23/25
J43.9	Emphysema unspecified	08/23/25
D72.829	Elevated white blood cell count unspecified	08/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/23/25
F41.9	Anxiety disorder unspecified	08/23/25
M10.9	Gout unspecified	08/23/25
E78.5	Hyperlipidemia unspecified	08/23/25
G40.909	Epilepsy unsp not intractable without status epilepticus	08/23/25
E66.9	Obesity unspecified	08/23/25
Z68.33	Body mass index [BMI] 33.0-33.9 adult	08/23/25
Z79.01	Long term (current) use of anticoagulants	08/23/25
Z86.711	Personal history of pulmonary embolism	08/23/25
Z87.891	Personal history of nicotine dependence	08/23/25
Z96.653	Presence of artificial knee joint bilateral	08/23/25
Z91.81	History of falling	08/23/25

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

Albuterol Inhaler - Albuterol 108 (90 BASE) mcg/act, 2 puffs inhalant every 6 hours
Lipitor - Atorvastatin Calcium 80 mg, Tablet by mouth once a day
Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2 mg SL tablet, 2 tablets by mouth once a day
Keppra - Levetiracetam 1,000 mg, Tablet by mouth twice a day
Zestril - Lisinopril 20 mg, , Tablet by mouth once a day
Prednisone - Prednisone 5 mg, Tablet by mouth once a day
Lyrica - Pregabalin 25 mg, Tablet by mouth twice a day
Coumadin - Warfarin Sodium 5 MG,Take 1.5 tablets po on Wednesday and Friday and 2 tablets po on Mon, Tue, Thu, Sat, and Sun by mouth as necessary Take 1.5 tablets po on Wednesday and Friday and 2 tablets po on Mon, Tue, Thu, Sat, and Sun
Lasix - Furosemide 40 mg 40 mg, Tablet by mouth once a day
Methotrexate - Methotrexate Sodium 15 mg, Tablet by mouth once a week 15 mg, every 7 days
Patient not taking due monitoring labs needed
Clonidine Hcl - Clonidine 0.1mg by mouth once a day
Tylenol Arthritis - Acetaminophen 650 mg, Take 1 tablet by mouth twice a day For pain. Not to exceed 3000mg daily

14. DME and Supplies:

cane, walker

15. Safety Measures:

walker precautions, supervision at all times, standard precautions, no bp left arm, medication safety, fall precautions, , bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol, cardiac diet

17. Allergies:

baclofen hydrocodone-acetaminophen tramadol vancomycin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Cane, Up As Tolerated

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: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis Paroxysmal atrial fibrillation, 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 66-year-old female with a complex medical history, including hypertension, diabetes, prior stroke, emphysema, GERD, pulmonary embolism, paroxysmal atrial fibrillation with acute thrombosis/embolism, lower extremity cellulitis, cognitive deficits, and left-sided hemiparesis resulting in ambulatory difficulty. She requires supervision and assistive devices for mobility due to her high fall risk and physical limitations, which make leaving the home taxing. She resides in a two-level home with her daughter and is currently alert and oriented x4. The patient uses a walker and cane for mobility and presents with left lower extremity dependent edema. No open wounds were noted during the visit. She was recently treated with antibiotics and a dose of Lasix for cellulitis and swelling, with some improvement. Warfarin is currently prescribed, with INR checks completed at Kaiser Permanente, and she remains on a daily prednisone regimen. No home antibiotic therapy is currently prescribed. The patient reports poor appetite, interrupted sleep in two-hour intervals, and ongoing pain that interferes with sleep and eating. She continues to smoke half a pack of cigarettes daily. She was observed seated on the front porch smoking during the visit. While she reports managing her ADLs independently, the occupational therapist noted unsafe transfers due to left lower extremity swelling and difficulty lifting her leg. Despite recommendations for a shower chair and use of a walker when climbing stairs, the patient demonstrated poor safety awareness by ambulating without assistive devices and leading with the affected leg. The therapist advised her to return to the hospital due to fall risk, but the patient declined and instead stated she would follow up with vascular urgent care. She also declined participation in occupational therapy services for ADL safety, fall prevention, and strength training. Patient and caregiver were instructed on hydration, smoking risks, and the use of compression stockings to improve circulation. PT and OT services were ordered for ongoing evaluation and support.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/23/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/21/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dc: Paroxysmal atrial fibrillation
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Linda Ataifo
815 E. Pratt St
Baltimore, MD 21202
PHONE: 4106375700 FAX: NPI: 1609371905

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 : 08/21/2025

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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to leave home<o:p></o:p>
 1 - SOC - SN Notes:
<o:p></o:p> Physician: Ataifo, Linda

SN Careplans

SN WK1: 1 (08/23/25-08/23/25) ,WK2: 1 (08/24/25-08/30/25)

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, INR < 2 > 3

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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; 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: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, Home Safety, cramping calves/thighs/hips, abn cholesterol > 200 mg/dL, dependent edema, swelling in the arms/legs, weak pulses in feet, M1400 - Dyspnea, constipation, limited range of motion, limited strength, limited endurance, muscle weakness, swelling of affected area, weak hand grips, balance deficit, Pain Effect on Sleep, pain radiating to arms/legs, daytime fatigue, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, obesity, loss of appetite, swell/redness surround. skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To stop left leg pain

GOALS
patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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

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

patient's living environment is clean/uncluttered

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/23/2025

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patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/23/2025