Home Health Certification and Plan of Care

Order ID: 1150/11704

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34518330	08/11/2025	From: 08/11/2025 To: 10/09/2025	15885	217058

6. Patient's Name and Address

Florence Husted
106 Edmund Street,
ABERDEEN, MD 21001-
443-231-7182

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 07/05/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/11/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/11/25
N18.4	Chronic kidney disease stage 4 (severe)	08/11/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/11/25
E11.3392	Type 2 diab with mod nonp rtnop without macular edema l eye	08/11/25
F32.A	Depression unspecified	08/11/25
E78.5	Hyperlipidemia unspecified	08/11/25
J30.9	Allergic rhinitis unspecified	08/11/25
F41.9	Anxiety disorder unspecified	08/11/25
L72.3	Sebaceous cyst	08/11/25
R32.	Unspecified urinary incontinence	08/11/25
R26.9	Unspecified abnormalities of gait and mobility	08/11/25
R29.6	Repeated falls	08/11/25
H91.93	Unspecified hearing loss bilateral	08/11/25
Z79.82	Long term (current) use of aspirin	08/11/25
Z79.51	Long term (current) use of inhaled steroids	08/11/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/11/25
Z96.641	Presence of right artificial hip joint	08/11/25
Z96.653	Presence of artificial knee joint bilateral	08/11/25
Z90.11	Acquired absence of right breast and nipple	08/11/25
Z85.3	Personal history of malignant neoplasm of breast	08/11/25
Z91.81	History of falling	08/11/25

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

Acetaminophen - Acetaminophen 500 MG, Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours as needed
Ventolin Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT Inhalation Aerosol Solution, 2 puffs inhaled inhalant every 6 hours 2 puffs inhaled orally every 6 hours as needed
Allopurinol - Allopurinol 100 MG, Take 1 tablet (100 mg) by mouth once a day
Aspirin 81Mg - Aspirin Chew and swallow 1 tablet (81 mg) by mouth once a day
Clonazepam - Clonazepam 0.5 MG, take 1 tablet by mouth twice a day take 1 by mouth 1-2 times every day as needed for anxiety
Tussin Dm - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100-10 MG/5ML Oral Syrup, Take 10 ml by mouth every 4 hours Take 10 ml by mouth every 4 hours as needed
Escitalopram Oxalate - Escitalopram Oxalate 10 MG, Take 1 tablet by mouth once a day
Famotidine - Famotidine 20 MG, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime as needed
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG, take 1 tablet by mouth once a day
Allegra - Fexofenadine Hydrochloride 180 MG, Take 1 tablet (180 mg) by mouth once a day
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT Nasal Suspension,Inhale 1 spray nasal twice a day Inhale 1 spray into nostril 2 times per day in each nostril
Fluticasone-Umeclidinium-Vilantero (Trelegy Ellipta) 100-62.5-25 MCG/ACT Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT, Inhale 1 puff by mouth once a day
Furosemide - Furosemide 40 MG, take 1 tablet by mouth once a day po daily for legs swelling as needed for legs swelling
Glimepiride - Glimepiride 4 Mg, Take 1 tablet (4 mg) by mouth once a day Take 1 tablet (4 mg) by mouth daily with breakfast or the first main meal of the day
Mucinex - Guaifenesin 600 MG, Take 1 tablet by mouth every 12 hours Take 1 tablet by mouth every 12 hours as needed
Levothyroxine Sodium - Levothyroxine Sodium 150 MCG, Take 1 tablet (150 mcg) by mouth in the morning Take 1 tablet (150 mcg) by mouth daily in the morning on an empty stomach
Montelukast Sodium - Montelukast Sodium 10 MG, Take 1 tablet (10 mg) by mouth once a day
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take tablet by mouth twice a day 1 to 2 times a day
Klor-Con M20 - Potassium Chloride 20 MEQ Oral Tablet Extended Release, take 1 tablet by mouth once a day 1 po daily with furosemide
Pravastatin Sodium - Pravastatin Sodium 10 MG, Take 1 tablet (10 mg) by mouth once a day
Verapamil Hcl - Verapamil Hydrochloride Take 1 capsule (180 mg) by mouth every 12 hours Take 1 capsule (180 mg) by mouth every 12 hrs
Ozempic 1 mg intramuscular once a week For DM2

14. DME and Supplies:

diabetic supplies, rolling walker

15. Safety Measures:

medication safety, bathroom safety, standard precautions, sharps precautions, activity supervision, diabetic precautions, fall precautions

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Hearing, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Andrew Mrowiec
9 Aberdeen Shopping Plaza
Aberdeen, MD 21001
PHONE: 4102728877 FAX: 14102728910 NPI: 1780668640

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 : 07/28/2025

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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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: 1. Rarely, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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 an 83-year-old female with a past medical history of anxiety disorder, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and a recent history of repeated falls. She reports experiencing moderate, generalized pain and presents with 2+ bilateral lower extremity edema. Her mobility is significantly impaired, and she requires assistance for both transfers and ambulation. A Timed Up and Go (TUG) test was performed, with a score of 21 seconds, indicating a high risk for falls and the need for supervision or assistance during mobility tasks. The patient resides in a one-story home with her significant other, who serves as her primary caregiver. Given her medical history, functional limitations, and recent falls, the patient would benefit from a comprehensive care plan focused on fall prevention, pain management, and strengthening interventions to improve safety and independence. Further evaluation by physical and occupational therapy is recommended to assess her functional status and provide support for both the patient and her caregiver.<o:p></o:p>   <o:p></o:p> Date of Order<o:p></o:p> 08/11/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 07/28/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat DX: Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - PT Notes:<o:p></o:p> Physician: Mrowiec, Andrew

SN Careplans

SN Goals

PT Careplans

PT WK1: 6 (08/11/25-08/16/25), WK2: 1 (08/17/25-08/23/25), WK3: 1 (08/24/25-08/30-/25), WK4: 1 (08/31/25-09/02/25)

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, 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), 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: GG0130E1 - Shower/Bathe Self, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, D0160 - Depression, Home Safety, M2020 - Oral Med Management, swelling in the arms/legs, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, muscle weakness, B0200 - Hearing Deficit, weak hand grips, balance deficit, Pain Interference with ADLs

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

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

Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/11/2025

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PROCEDURES: Medication Review: Medication was reviewed with patient and caregiver, cough/deep breathing exercises, glucose testing via monitor, home exercise program: Straight leg raising, le abd/add, long arc , mini squats and heel/toe raises --10x2 reps, equipment training, gait training/stair training, transfers training

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, * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance

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 complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/11/2025