Home Health Certification and Plan of Care

Order ID: 1150/11791

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
841008324	08/07/2025	From: 08/07/2025 To: 10/05/2025	16069	217058

6. Patient's Name and Address

Victoria Conde
116 Conestoga Road,
MIDDLE RIVER, MD 21220-
410-599-7596

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 08/08/1954 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.89	Other hypotension	08/07/25

13. ICD	Other Pertinent Diagnoses	Date
R47.01	Aphasia	08/07/25
I10.	Essential (primary) hypertension	08/07/25
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus	08/07/25
E78.5	Hyperlipidemia unspecified	08/07/25
G43.909	Migraine unsp not intractable without status migrainosus	08/07/25
F43.10	Post-traumatic stress disorder unspecified	08/07/25
L40.9	Psoriasis unspecified	08/07/25
F41.8	Other specified anxiety disorders	08/07/25
G25.81	Restless legs syndrome	08/07/25
K26.7	Chronic duodenal ulcer without hemorrhage or perforation	08/07/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/07/25
Z87.440	Personal history of urinary (tract) infections	08/07/25
Z87.01	Personal history of pneumonia (recurrent)	08/07/25
Z86.19	Personal history of other infectious and parasitic diseases	08/07/25

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

Lipitor - Atorvastatin Calcium 20 mg, take 20mg tablet by mouth once a day Cholesterol
Clobetasol Propionate - Clobetasol Propionate 0.05 % SHAM 1 Application topical two times per week 0.05 % SHAM 1 Application, three times per week, psoriasis
Plavix - Clopidogrel Bisulfate eq 75 mg base take 1 tablet by mouth once a day Blood thinner
Pepcid - Famotidine 40 mg, take (40mg) tablet by mouth once a day 40 mg, 1 time daily , stomach ulcer
Neurontin - Gabapentin 300 mg, take (300 mg) capsules by mouth twice a day Neurological pain
Otezla - Apremilast 30 mg, take (30 mg) tablet by mouth twice a day Psoriasis
Protonix - Pantoprazole Sodium 40 mg, take (40 mg) tablet by mouth twice a day Stomach ulcer
Requip - Ropinirole Hydrochloride 2 mg, take (2 mg) tablet by mouth at bedtime 2 mg, nightly, restless leg
Theragran - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Supplement
Topamax - Topiramate 50 mg, take 50 mg tablet by mouth twice a day Migraine
Trazodone - Trazodone Hydrochloride 100 mg, take (100 mg) tablet by mouth at bedtime Depression/insomnia
Effexor Xr - Venlafaxine Hydrochloride 225 mg, take (225 mg) capsules by mouth once a day 225 mg, 1 time daily with breakfast, depression
Tylenol - Acetaminophen 300-60 MG per tablet take 1 tablet by mouth twice a day Pain as needed
Zofran Odt - Ondansetron 4 mg, take (4 mg) tablet by mouth every 8 hours 4 mg, every 8 hours PRN nausea

14. DME and Supplies:

bath bench, rolling walker, cane

15. Safety Measures:

walker precautions, medication safety, fall precautions, bleeding precautions, ambulates with device, standard precautions, bathroom safety

16. Nutrition:

regular

17. Allergies:

hydrocodone/acetaminiphen nsaids

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Hypotension, 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 71-year-old woman with a history of migraine, hypotension, hyperlipidemia, and Arnold-Chiari malformation who recently presented to the ED with transient bilateral upper-extremity weakness and expressive aphasia. At the start-of-care visit she was alert and oriented 4, denied pain, nausea, vomiting, shortness of breath, or dizziness, and exhibited no respiratory distress. Vital signs were within normal limits; lungs were clear to auscultation and bowel sounds were active. Skin was warm, dry, and intact; the patient reports intermittent psoriatic rashes or scaling, though none were present today. She lives alone, is independent in activities of daily living, ambulates without an assistive device indoors, and uses a cane when outside the home. She reports occasional headaches. Continued monitoring and education were provided regarding symptom recognition and when to seek urgent care.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/07/2025<o:p></o:p> Orders<o:p></o:p> Physician Face-to-Face Date: 08/03/2025<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement pt-eval & treat ot-eval & treat due to Other Hypotension<o:p></o:p> 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> <o:p> </o:p> 1 - SOC - SN Notes:<o:p></o:p> Physician: Diwanji, Maria<o:p></o:p>

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/07/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Maria Diwanji
29 S. Paca St
Baltimore, MD 21201
PHONE: 800-777-7904 FAX: 1-855-902-4974 NPI: 1225304371

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 : 08/03/2025

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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SN WK1: 1 (08/07/25-08/09/25) ,WK5: 1 (08/31/25-09/06/25)

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

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, nausea/vomiting, M1600 - UTI, limited strength, headache, rough/scaly/cracked skin

PROCEDURES: Medication Review: Medication reviewed with patient/caregiver, cough/deep breathing exercises

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: To be independent again

GOALS
patient/caregiver recalls
* migraine/headache prevention including lifestyle changes
* home remedies
* dietary modifications to reduce or eliminate triggers
* alternative medicines such as acupuncture and biofeedback
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/07/2025