Home Health Certification and Plan of Care

Order ID: 1150/11705

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5EJ7U89CE49	06/30/2025	From: 08/29/2025 To: 10/27/2025	14621	217058

6. Patient's Name and Address

Esther Jacobs
6002 Berkeley ave,
BALTIMORE, MD 21209-
301-273-5652

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 06/08/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	06/30/25

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	06/30/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/30/25
N18.4	Chronic kidney disease stage 4 (severe)	06/30/25
D63.1	Anemia in chronic kidney disease	06/30/25
K70.30	Alcoholic cirrhosis of liver without ascites	06/30/25
I42.9	Cardiomyopathy unspecified	06/30/25
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	06/30/25
F32.9	Major depressive disorder single episode unspecified	06/30/25
Z87.01	Personal history of pneumonia (recurrent)	06/30/25
Z79.01	Long term (current) use of anticoagulants	06/30/25
Z90.5	Acquired absence of kidney	06/30/25
Z87.891	Personal history of nicotine dependence	06/30/25

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

Seroquel - Quetiapine Fumarate eq 50 mg base 50 Mg, Tablet by mouth at bedtime For sleep.
Lactulose - Lactulose 10gm/15ml Oral solution by mouth at bedtime for elevated ammonia levels.
Depakote - Divalproex Sodium 625 Mg, Tablet by mouth once a day For bipolar disorder
Zolpidem Tartrate - Zolpidem Tartrate 5 mg 1 tablet by mouth at bedtime For sleep
Ramelteon - Ramelteon 8 mg tablet by mouth at bedtime For sleep
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 25 mg tablet by mouth in the evening Blood pressure
Oxygen - Oxygen 2L/min inhalant as necessary Via nasal cannula for breathing when oxygen saturation is below 90%
Eliquis - Apixaban 2.5 MG take 1 tablet by mouth twice a day To prevent a stroke

14. DME and Supplies:

oxygen supplies, wheelchair, hand held shower, grab bars, diabetic supplies, bath bench, 4 wheeled walker

15. Safety Measures:

standard precautions, remove environmental barriers, precautions, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified 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 93-year-old female with a complex medical history, including bipolar disorder, chronic kidney disease, type 2 diabetes mellitus, major depressive disorder, history of nephrectomy, anemia, right hip and ankle fractures. She was recently hospitalized for pneumonia and was diagnosed during admission with congestive heart failure (CHF), alcoholic cirrhosis of the liver, and atrial fibrillation. Prior to hospitalization, the patient ambulated independently indoors without assistive devices and used a rollator outdoors, occasionally relying on a wheelchair for longer distances. At present, the patient exhibits decreased lower extremity strength (3/5 on manual muscle testing) and requires contact guard assistance for transfers and short-distance ambulation. Her functional mobility is primarily limited by significantly reduced aerobic capacity, necessitating frequent seated rest breaks. She experiences intermittent increases in respiratory rate, occasionally even at rest, often attributed to anxiety. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-14 CE-FMS-Oxygen">Oxygen</mh> therapy has been initiated due to episodes of desaturation with minimal activity. She requires moderate assistance for activities of daily living (ADLs) and minimal assistance for functional tasks performed at the rollator level. Close supervision is necessary due to her poor endurance and increased shortness of breath during activity. Skilled physical therapy is recommended to address her strength, balance, and endurance deficits to enhance safety, promote independence, and facilitate her return to prior levels of function.
 Date of Order 08/27/2025 Orders Physician Face-to-Face Date: 06/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval & treat due to Unspecified Atrial Fibrillation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient has been seen for skilled PT services over the past episode following hospitalization for CHF. The patient would benefit from continued skilled PT services to further increase strength, improve balance and increase safety and independence in functional mobility in order to return to PLOF. Physician Jakobovits, Julian

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Julian Jakobovits
2835 Smith Ave
Baltimore, MD 21209
PHONE: 4105800900 FAX: 14105800773 NPI: 1780615609

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 : 06/24/2025

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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PT Careplans

PT WK2: 2 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25)

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: WNL

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, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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 ; 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, SpO_2: 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.

Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion

PROCEDURES: cough/deep breathing exercises, strengthening exercises, gait training on uneven surfaces, 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, *

PT Goals

PATIENT-STATED GOAL: To be able to take a walk down the block

GOALS
Picking Up Object - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Walk 10 Feet - 04. Supervision or touching assistance

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

Sit to Stand - 04. Supervision or touching assistance

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

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* dietary modifications for liver disorder
* 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

Car Transfer - 04. Supervision or touching assistance

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

Walk 50 ft with 2 Turns - 04. Supervision or touching assis

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
08/27/2025

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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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * dietary modifications for liver disorder, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assista, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assis, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 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	4 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/27/2025