Home Health Certification and Plan of Care

Order ID: 1150/11777

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36666596	08/09/2025	From: 08/09/2025 To: 10/07/2025	16232	217058

6. Patient's Name and Address

Rena Ross
1715 E. Eager Street Apt 201,
BALTIMORE, MD 21205-
443-869-6585

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 06/20/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.89	Other specified chronic obstructive pulmonary disease	08/09/25

13. ICD	Other Pertinent Diagnoses	Date
J96.12	Chronic respiratory failure with hypercapnia	08/09/25
I10.	Essential (primary) hypertension	08/09/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/09/25
I71.00	Dissection of unspecified site of aorta	08/09/25
I69.331	Monoplg upr lmb fol cerebral infrc aff right dominant side	08/09/25
N32.81	Overactive bladder	08/09/25
I34.0	Nonrheumatic mitral (valve) insufficiency	08/09/25
H53.462	Homonymous bilateral field defects left side	08/09/25
H26.9	Unspecified cataract	08/09/25
F41.9	Anxiety disorder unspecified	08/09/25
J32.9	Chronic sinusitis unspecified	08/09/25
M81.0	Age-related osteoporosis w/o current pathological fracture	08/09/25
I25.2	Old myocardial infarction	08/09/25
E78.5	Hyperlipidemia unspecified	08/09/25
F32.A	Depression unspecified	08/09/25
R91.1	Solitary pulmonary nodule	08/09/25
Z99.81	Dependence on supplemental oxygen	08/09/25
Z99.3	Dependence on wheelchair	08/09/25
Z91.81	History of falling	08/09/25

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

Aspirin 81Mg - Aspirin 81 mg, take (81 mg) tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg, take (40 mg) tablet by mouth at bedtime
Azithromycin - Azithromycin 250 mg, take (250 mg) tablet by mouth once a day
Diclofenac - Diclofenac Epolamine 2 g topical cream topical four times a day
Docusate Sodium - Docusate Sodium 100 mg, stool softener by mouth once a day
Fluticasone - Fluticasone Furoate inhale 1 puff inhalant once a day
ipratropium albuteroL 3 mL inhalation Nebulization inhalant every 8 hours
Loratadine - Loratadine 10 mg, take (10 mg) tablet by mouth at bedtime
Losartan Potassium - Losartan Potassium 50 mg, take (50 mg)tablet by mouth once a day
Montelukast Sodium - Montelukast Sodium 10 mg, take (10 mg)tablet by mouth at bedtime
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g powder by mouth once a day
Prednisone - Prednisone 40 mg, take (40 mg) tablet by mouth once a day Daily with breakfast
Sennosides - Senna take 2 tablet by mouth twice a day BID
Sertraline - Sertraline Hydrochloride 50 mg, take (50 mg) tablet by mouth once a day
tiotroplum bromlde inhale 2 puffs inhalant once a day
Oxygen - Oxygen 2-3 LPM nasal cannula continuous COPD

14. DME and Supplies:

grab bars, walker, wheelchair

15. Safety Measures:

medication safety, wheelchair precautions, walker precautions, standard precautions, O2 precautions, fall precautions, emergency phone # clearly displayed, ambulates with device, ambulates with assistance

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Contracture, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 of Other Specified Chronic Obstructive Pulmonary 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 was referred to home health care services following hospitalization for complications related to chronic obstructive pulmonary disease (COPD). She resides alone in a single-level apartment and is on continuous oxygen therapy at 2-3 L/min via nasal cannula. The patient is deconditioned and ambulates with a rolling walker. Skin is intact. She reported accidentally taking five prednisone tablets this morning instead of the prescribed single tablet as needed for shortness of breath. The clinician contacted the patient's primary care provider, who advised that she should seek emergency care if she experiences abnormal bleeding, lightheadedness, or dizziness. Skilled nursing visits are recommended at a frequency of once the first week, twice weekly for two weeks, and once weekly for three weeks. The next skilled nursing visit is scheduled for Tuesday. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/09/2025 <o:p></o:p> Orders <o:p></o:p> Physician Face-to-Face Date: 07/29/2025 <o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN disease management due to Other Specified Chronic Obstructive Pulmonary Disease <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 Pertman, Joshua

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Joshua Pertman
6821 Reisterstown Rd Ste 106
Baltimore, MD 21215
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1225781917

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 : 07/29/2025

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 (08/09/25-08/09/25)

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, weak hand grips

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, coordinate/arrange long-term socialization activities

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, * 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, * 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * strategies to increase socialization, related medication(s) purpose, schedule

PATIENT-STATED GOAL: I want to breathe easier

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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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
* 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
* 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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* 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/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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/09/2025