Home Health Certification and Plan of Care

Order ID: 1150/11868

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00012386	09/03/2025	From: 09/03/2025 To: 11/01/2025	17011	217058

6. Patient's Name and Address

Kathleen Oneal
3800 West Belvedere Apt 926,
BALTIMORE, MD 21215-
334-425-7479

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 07/16/1969 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	09/03/25

13. ICD	Other Pertinent Diagnoses	Date
D86.0	Sarcoidosis of lung	09/03/25
I11.0	Hypertensive heart disease with heart failure	09/03/25
I50.20	Unspecified systolic (congestive) heart failure	09/03/25
E78.5	Hyperlipidemia unspecified	09/03/25
G40.909	Epilepsy unsp not intractable without status epilepticus	09/03/25
M62.521	Muscle wasting and atrophy NEC right upper arm	09/03/25
F41.9	Anxiety disorder unspecified	09/03/25
F39.	Unspecified mood [affective] disorder	09/03/25
R47.01	Aphasia	09/03/25
Z79.82	Long term (current) use of aspirin	09/03/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	09/03/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/03/25
Z95.5	Presence of coronary angioplasty implant and graft	09/03/25
Z91.81	History of falling	09/03/25

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

Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CVA PROPHYLAXSIS
Atorvastatin Calcium - Atorvastatin Calcium 80 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Levetiracetam - Levetiracetam 500 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for SEIZURE DISORDER
Nitroglycerin - Nitroglycerin Give 0.4 mg Tablet sublingually sublingual as necessary Give 0.4 mg sublingually every 5 minutes as needed for CHEST PAIN GIVE UP TO 3 DOSES 5 MINUTES APART IF NO CHANGE CALL 911
Omeprazole - Omeprazole Give 40 mg Tablet by mouth once a day Give 40 mg by mouth one time a day for gerd
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for AFIB
Valproic Acid - Valproic Acid 250 MG , Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for SEIZURE DISORDER
Metoprolol Succinate - Metoprolol Succinate 25 MG , Give 2 tablet= 50mg by mouth once a day Give 1 tablet by mouth one time a day for HTN HOLD FOR SBP LESS THAN 110 AND HR LESS THAN 60 GIVE WITH 12,5MG FOR A TOTAL OF 37.5MG
Hydroxyzine - Hydroxyzine Hydrochloride 25mg by mouth as necessary Every 6 hours for anxiety

14. DME and Supplies:

None of the above

15. Safety Measures:

medication safety, standard precautions, supervision at all times, seizure precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium, low cholesterol

17. Allergies:

lisinopril abilify

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

None of the above

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 of Non-St Elevation Myocardial Infarction , 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 56-year-old female with a complex medical history including sarcoidosis with associated shortness of breath, muscle wasting, hypertension, hyperlipidemia, supraventricular tachycardia status post stent placement, atrioventricular block with pacemaker and implanted defibrillator, epilepsy with seizure disorder, aphasia, anxiety, mood disorder, and history of falls. She also has a history of congestive heart failure, cannabis use, and recurrent difficulty with ambulation. Her most recent hospitalization was for pneumonia, gastritis, and a syncopal episode complicated by seizure activity and myocardial infarction, followed by a stay in a skilled nursing facility for rehabilitation. She reports a follow-up appointment scheduled on 09/11/2025 at Chase Breton with her provider. The patient does not currently have a pulmonologist but plans to discuss referral during her upcoming visit. The patient resides alone in an elevator-accessible apartment, with her daughter, Ms. Tolliver, serving as her caregiver. She is alert and oriented 3-4. Functionally, she ambulates indoors up to 75 feet without a device under supervision but reports significant fatigue afterward. Transfers to chair, bed, and toilet require supervision, while bed mobility is independent. Stair and outdoor mobility, as well as car transfers, were not assessed during this visit. The patient reports that a rollator has been ordered to improve safety and reduce fall risk. She experiences shortness of breath with increased exertion, consistent with her underlying sarcoidosis and cardiopulmonary history. Her Tinetti score was 21/28, and her Timed Up and Go (TUG) test was 16 seconds, both indicating elevated fall risk and supporting homebound status. During therapy, she tolerated five repetitions each of hip flexion, bridging, hooklying rotations, straight leg raises, hip abduction, ankle pumps, and knee extensions. Written instructions were provided for her home exercise program. She also reports attending outpatient therapy three times per week on Monday, Wednesday, and Friday from 12-1 p.m. and is agreeable to home health visits before or after these sessions. The patient remains independent with bowel and bladder function, denies pain with urination, and reports a bowel movement today. No wounds or abnormal bleeding were noted. She takes multiple medications, including seizure management therapy, and expressed a preference for her seizure medication in liquid form, which she intends to address with her provider. Medication reconciliation was performed, and the patient verbalized understanding of her prescribed medications and their purposes. The plan of care includes skilled nursing for medication management, cardiopulmonary monitoring, and ongoing patient education, as well as skilled physical and occupational therapy to improve strength, endurance, gait, balance, and overall functional mobility with the goal of reducing fall risk and supporting a safe return to her prior level of independence. Caregiver education will continue, and close monitoring of medication effectiveness and tolerance is indicated.
 Date of Order 09/03/2025 Orders Physician Face-to-Face Date: 08/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Non-St Elevation Myocardial Infarction Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes: Physician Coppola, Rebecca

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rebecca Coppola
1111 N Charles St
Baltimore, MD 21201
PHONE: 14108372050 FAX: 14108372071 NPI: 1164832366

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 : 08/25/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/11868

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00012386	09/03/2025	From: 09/03/2025 To: 11/01/2025	17011	217058

6. Patient's Name and Address
Kathleen Oneal
3800 West Belvedere Apt 926,
BALTIMORE, MD 21215-
334-425-7479

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

SN WK1: 1 (09/03/25-09/06/25) ,WK2: 1 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-09/30/25)

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

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

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 ; 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, SPO2: 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.

no wounds noted
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Financial, Home Safety, meal preparation, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal bowel sounds, muscle weakness, limited strength, limited endurance, seizures, balance deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange access to medicine/medical supplies considering patient inability to pay

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient has access to medicine/medical supplies considering inability to pay, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: walk with walker with less shortness of breath

GOALS
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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient has access to medicine/medical supplies considering inability to pay

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
09/03/2025

Home Health Certification and Plan of Care

Order ID: 1150/11868

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00012386	09/03/2025	From: 09/03/2025 To: 11/01/2025	17011	217058

6. Patient's Name and Address
Kathleen Oneal
3800 West Belvedere Apt 926,
BALTIMORE, MD 21215-
334-425-7479

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

PT WK1: 1 (09/03/25-09/06/25) ,WK2: 1 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-09/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

09/05/2025

GG0130B1 - Oral Hygiene

GG0130F1 - Upper Body Dressing

GG0130G1 - Lower Body Dressing

GG0130H1 - Don/Doff Footwear

GG0130E1 - Shower/Bathe Self

GG0130C1 - Toileting Hygiene

GG0130A1 - Eating

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, Dynamic and static standing balance training, incentive spirometer, 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, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PATIENT-STATED GOAL: To be able to walk to the store and not be tired

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:

Date

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

Date
09/03/2025