Home Health Certification and Plan of Care

Order ID: 1150/11570

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8GQ4KD2WW98	08/11/2025	From: 08/11/2025 To: 10/09/2025	16001	217058

6. Patient's Name and Address

Deborah Bush
11125 Lynn Dr,
KINGSVILLE, MD 21087-
410-336-0864

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 03/23/1952 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	08/11/25

13. ICD	Other Pertinent Diagnoses	Date
H81.10	Benign paroxysmal vertigo unspecified ear	08/11/25
E11.9	Type 2 diabetes mellitus without complications	08/11/25
E78.1	Pure hyperglyceridemia	08/11/25
E87.6	Hypokalemia	08/11/25
M19.90	Unspecified osteoarthritis unspecified site	08/11/25
R60.0	Localized edema	08/11/25
E66.01	Morbid (severe) obesity due to excess calories	08/11/25
Z68.39	Body mass index [BMI] 39.0-39.9 adult	08/11/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/11/25
Z87.440	Personal history of urinary (tract) infections	08/11/25

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

Metformin - Metformin Hydrochloride take 1 tablet, 500mg oral tablet by mouth after meal take 1 tablet by mouth daily with meal. T2DM
cholecalciferol 2000 intl units oral tablet by mouth as necessary vitamin d3 2000 intel units oral tablet)
initial unit tab po daily. Supplement
Acetaminophen - Acetaminophen 1000mg, 2 tablet by mouth every 6 hours 1000mg=2-tab po q6h prn as need for pain
Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg take 1 tablet by mouth once a day For pain

14. DME and Supplies:

bath bench, cane

15. Safety Measures:

medication safety, fall precautions, diabetic precautions, ambulates with device, standard precautions, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

ampicillin

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: No

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Essential Primary Hypertension, 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 73-year-old Caucasian female with a past medical history notable for osteoarthritis, type 2 diabetes mellitus, hypertension, neuropathic pain, vertigo, and a history of keratosis. She was hospitalized for sudden onset of blurry vision, dizziness, and ambulatory dysfunction and subsequently completed a subacute rehabilitation stay; she now presents for home care. She resides in a two-story family home with her two adult sons (not present during this visit) and is currently sleeping on the couch for ease of access. On assessment, she is alert and oriented 4, denies shortness of breath, nausea, and vomiting, and reports intermittent dizziness attributable to vertigo. Vital signs are: T 97.7F, BP 155/89 mmHg, HR 79 bpm, RR 18/min, and Sp<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-15 CE-FMS-O2">O2</mh> 95% on room air. Lungs are clear to auscultation bilaterally; bowel sounds are active; skin is warm, dry, and intact. She demonstrates +2 bilateral lower-extremity edema; leg elevation when seated was reinforced. Functionally, she is morbidly obese with generalized weakness and ambulates with a cane; however, gait is unsteady and cane use is deemed unsafe-she and her son are reviewing rollator options for purchase since insurance will not cover one. Timed Up and Go (TUG) was documented as 1.35 (reported in the note as "1.35," interpreted by therapy as high fall risk/poor coordination); this will be rechecked to confirm seconds at subsequent visits. A home exercise program was initiated and reviewed, including ankle pumps, long-arc quadriceps, seated marching, and knee abduction/adduction; the patient demonstrated understanding. Education was provided on fall prevention, safe device use (with recommendation to transition to a rollator for stability), edema management via elevation, and the importance of logging symptoms and blood pressure trends. She was advised to schedule a primary care follow-up within 30 days for medication review, blood pressure management, fall-risk reassessment, and evaluation of persistent dizziness. The plan of care includes continued skilled nursing for monitoring and education reinforcement and skilled PT/OT to address decreased strength, balance, standing tolerance, upper-extremity conditioning, functional transfers, and gait safety to reduce fall risk and support a return toward prior level of function.
 Date of Order 08/11/2025 Orders Physician Face-to-Face Date: 07/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl 's due to Essential Primary <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-Hypertension">Hypertension</mh> 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 Mcneal, Arnelle

SN Careplans

SN Goals

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

Arnelle Mcneal
9512 Harford Rd
Baltimore, MD 21234
PHONE: 4108820600 FAX: 14108822133 NPI: 1801928783

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 **08/28/2025** 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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Deborah Bush 11125 Lynn Dr, KINGSVILLE, MD 21087- 410-336-0864	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (08/11/25-08/16/25) ,WK2: 1 (08/17/25-08/23/25) ,WK3: 1 (08/24/25-08/30/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, glucose testing via monitor

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, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: To maintain full balance

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 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

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

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/11/25-08/16/25) ,WK2: 1 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, 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

PROCEDURES: Medication Review: The medication was reviewed with te patient , Home exercises : Straight leg raising , Le abd/add, long arc , marching and heel/toe aises--10x2, 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)

PT Goals

PATIENT-STATED GOAL: The patient wants to be stronger and walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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

Signature of Physician:	Date

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

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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 - 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, Picking Up Object - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up 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

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

OT Careplans

OT WK1: 1 (08/11/25-08/16/25) ,WK3: 1 (08/24/25-08/30/25) ,WK4: 1 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toileting hygiene, assist with lower body dressing, assist with upper body dressing, therapeutic 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to walk better

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

HHA Careplans

HHA WK3: 2 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 2 (09/07/25-09/13/25)

PROCEDURES: assist with bathing: Min A utilizing shower chair, assist with transferring: Min A with shower transfers, assist with lower body dressing, assist with lower body dressing: Supervision, assist with upper body dressing: Supervision

HHA Goals

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