Home Health Certification and Plan of Care

Order ID: 1150/12121

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35819256	07/30/2025	From: 07/30/2025 To: 09/27/2025	2131	217058

6. Patient's Name and Address

Ruth Hurtt
7 TRIPLE CROWN CT,
WINDSOR MILL, MD 21244-
443-796-3438

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 10/08/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/30/25

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	07/30/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/30/25
N18.9	Chronic kidney disease u	07/30/25
I48.91	Unspecified atrial fibrillation	07/30/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/30/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/30/25
I27.20	Pulmonary hypertension unspecified	07/30/25
J44.9	Chronic obstructive pulmonary disease unspecified	07/30/25
E03.9	Hypothyroidism unspecified	07/30/25
M10.9	Gout unspecified	07/30/25
M79.2	Neuralgia and neuritis unspecified	07/30/25
F41.9	Anxiety disorder unspecified	07/30/25
R18.8	Other ascites	07/30/25
E66.9	Obesity unspecified	07/30/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	07/30/25
Z79.01	Long term (current) use of anticoagulants	07/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/30/25
Z87.440	Personal history of urinary (tract) infections	07/30/25
Z87.01	Personal history of pneumonia (recurrent)	07/30/25

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

Atorvastatin - Atorvastatin Calcium 80 MG by mouth once a day
Senna - Senna 8.6 MG by mouth twice a day 2 TAB
Saline Nasal Spray - Normal Saline 0.65% nasal as necessary 1 SPRAY IN EACH NOSTRIL, EVERY 2 HOURS AS NEEDED FOR UP TO 15 DAYS.
Allopurinol - Allopurinol 100 mg 100 MG; tab by mouth in the morning gout
Eliquis - Apixaban 5mg; 1 tab by mouth twice a day dvt prophylaxis
Azelastine Hydrochloride - Azelastine Hydrochloride 0.1% Nasal twice a day 2 SPRAYS
K Cl - Potassium Chloride 20meq; 2 tabs by mouth once a day supplement
Creon - Pancrelipase (Amylase:Lipase:Protease) 3600-114000 unit by mouth as necessary 1 cap with snacks
2 caps with meals
Digoxin - Digoxin 0.125 mg 125mcg; 1 tab by mouth in the morning heart
Farxiga - Dapagliflozin Propanediol 10 MG; 1 tab by mouth once a day DM
Lasix - Furosemide 40 mg 40mg, 1 tablet by mouth twice a day FLUID RETENTION
Clonazepam - Clonazepam 0.5 mg 0.5 MG; 1 TAB by mouth as necessary 1 TAB EVERY 12 HOURS,/AS NEEDED. FOR ANXIETY
Levocetirizine Dihydrochloride - Levocetirizine Dihydrochloride 5 MG; 1 TAB by mouth once a day ALLERGY
levothyroxine(synthroid) 75 MCG; 1 TAB by mouth once a day Before breakFAst
HYPOTHYROIDISM
Lidocaine Patch - Lidocaine 4%; 1 PATCH transdermal once a day PAIN
Linzess - Linaclotide 145MCG; 1 CAP by mouth once a day AS NEEDED BOWEL REGIMEN
Lopressor - Metoprolol Tartrate 50 mg 50MG ; 1 TAB by mouth once a day HTN
Nitroglycerin - Nitroglycerin 0.4MG sublingual as necessary 1 TAB,/AS NEEDED FOR CHEST PAIN.
Ondansetron - Ondansetron 4 mg 4MG;1TAB by mouth every 8 hours AS NEEDED FOR N/V
Protonix - Pantoprazole Sodium eq 40 mg base 40MG; 1 TAB by mouth in the morning GERD
Spironolactone - Spironolactone 25 mg 25 MG, tablet by mouth once a day FLUID RETENTION
Senna - Senna 8.6MG; 2TABS by mouth twice a day BOWEL REGIMEN
TRELEGY ELLIPTA 200-62.5-25MCG/ACT; 1 PUFF inhalant once a day COPD
Ventolin Hfa - Albuterol Sulfate eq 0.09 mg base/inh 2 PUFFS inhalant every 6 hours AS NEEDED FOR SOB
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100MCG;1 TAB by mouth once a day SUPPLEMENT
Pregabalin - Pregabalin 25mg by mouth in the morning
Pregabalin - Pregabalin 150 MG; 1 CAP by mouth at bedtime CHRONIC PAIN
Guaifenesin - Guaifenesin 400mg by mouth once a day Allergy relief and breaking up mucus in my chest- per patient.

14. DME and Supplies:

walker, grab bars

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, sharps precautions, anticoagulant precautions

16. Nutrition:

diabetic, cardiac diet,

17. Allergies:

amoxicillin celebrex nsaids penicillin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed

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

22.B.Discharge Plans

patient will be responsible for managing treatment
patient will be responsible for managing treatment
patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 07/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Trung Pham
5415 Old Court Road Ste 102
Randallstown, MD 21133
PHONE: 410-701-4600 FAX: 14107014481 NPI: 1669491999

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 : 07/17/2025

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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him/herself, with or without an assistive device, with no assistance from a helper.

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney 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 is a 72-year-old female with a complex medical history including congestive heart failure (CHF), atrial fibrillation, coronary artery disease, obstructive sleep apnea, chronic obstructive pulmonary disease (COPD), type 2 diabetes, chronic kidney disease stage III, pulmonary hypertension, hypothyroidism, and aortic and mitral valve replacements with severe tricuspid regurgitation. She was recently discharged from the hospital and a subacute rehabilitation facility following treatment for a CHF exacerbation with hypotension, acute kidney injury (AKI), pneumonia (PNA), and a urinary tract infection (UTI). She presented to the emergency room with worsening shortness of breath and nausea/vomiting but currently denies any shortness of breath. At the time of nursing assessment, she was alert and oriented to person, place, and time, with stable vital signs, a clear lung exam, no lower extremity edema, and a fingerstick glucose level of 114. She reports good appetite, has regular bowel movements, and uses a rollator for safe ambulation outside the home. She lives independently in a multi-level home with family support for instrumental activities of daily living (IADLs). Skilled nursing reviewed all medications with the patient, including dosing, frequency, and potential side effects. The patient manages her own medications, has a scale at home, and was educated on the importance of daily weight monitoring with instructions to notify her physician for weight gains of 2-3 lbs/day or 5 lbs/week. She is compliant with daily fingerstick monitoring and receptive to all education provided. Physical therapy evaluation revealed independence in mobility and ADLs using a rollator for outings and demonstrated low fall risk with a Timed Up and Go (TUG) score of 10 seconds. Seated and standing therapeutic exercises were provided, and the patient demonstrated understanding. Given her level of independence, outpatient physical therapy was recommended over home health physical therapy. Occupational therapy evaluation determined that the patient is independent with dressing, bathing, and transfers using compensatory strategies and no longer requires OT services at this time. Date of Order 07/30/2025 Order Physician Face-to-Face Date: 07/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease 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 - 7/30/2025 Disease management: PT/OT Eval & Treat: Physician: S Pham, Trung, MD

SN Careplans

SN WK1: 1 (07/30/25-08/02/25) ,WK2: 2 (08/03/25-08/09/25) ,WK3: 2 (08/10/25-08/15/25)

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

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, limited endurance, limited strength, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, monitor intake & output

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * 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, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT TO STAY OUT THE HOSPITAL

GOALS
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
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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 manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

07/30/2025

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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

PT Careplans

PT WK1: 1 (07/30/25-08/02/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PT Goals

PATIENT-STATED GOAL: NA

GOALS

OT Careplans

OT WK1: 1 (07/30/25-08/02/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	07/30/2025