Home Health Certification and Plan of Care

Order ID: 1150/12088

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11339696080	06/24/2025	From: 08/23/2025 To: 10/21/2025	14494	217058

6. Patient's Name and Address
Candice Chang
102 Winters Lane,
CATONSVILLE, MD 21228-
617-216-3027

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 05/04/1971 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	06/24/25

13. ICD	Other Pertinent Diagnoses	Date
D42.9	Neoplasm of uncertain behavior of meninges unspecified	06/24/25
I10.	Essential (primary) hypertension	06/24/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	06/24/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/24/25
E78.5	Hyperlipidemia unspecified	06/24/25
D69.3	Immune thrombocytopenic purpura	06/24/25
Z86.718	Personal history of other venous thrombosis and embolism	06/24/25

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

Prinivil - Lisinopril 20 mg, Take 20 mg tablet by mouth once a day
Calcium CarbonateVit D3 (CALCIUM 600 + D) 600 mg-10 mcg (400 unit) Oral Tab 600 mg-10 mcg (400 unit), Take 1 tablet by mouth once a day supplement
Norvasc - Amlodipine Besylate eq 10 mg base 10 mg, Take 1 tablet by mouth once a day blood pressure
Pepcid - Famotidine 40 mg 40mg, Take 1 tablet by mouth once a day gerd
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation, Use 2 Sprays in each Nasal twice a day Use 2 Sprays in each nostril 2 times a day alergies
Aspirin - Aspirin 81 by mouth once a day For cardiovascular
Keppra - Levetiracetam 1,000 mg, Take 1 tablet by mouth twice a day anticonvulsant

14. DME and Supplies:
cane

15. Safety Measures:
medication safety, fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
chlorhexidine gluconate isopropyl alcohol hydrochlorothiazide nitro bactrim nitra

18.A. Functional Limitations
Endurance,

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Urinary Tract Infection Site Not Specified, 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 55-year-old woman recently discharged from Autumn Lake subacute rehabilitation following treatment for a urinary tract infection (UTI), immune thrombocytopenic purpura (ITP), and hypertension. Her medical history is significant for childhood acute lymphoblastic leukemia (ALL), chronic ITP, numerous meningiomas, obstructive sleep apnea (OSA), left deep vein thrombosis (DVT) with hemorrhagic stroke conversion, and mild right-sided weakness with lower extremity impairment. She also has a history of nontraumatic intracerebral hemorrhage and presents with mild cognitive impairment. The patient is alert and oriented to person, place, and time but is occasionally forgetful. She reports no shortness of breath, has clear lung sounds, a good appetite, and a recent bowel movement. Mild bilateral lower extremity edema (+1) and an unsteady, slow gait were noted. Her previous surgical incision could not be assessed due to hair growth. A physical therapy and occupational therapy evaluation was ordered. The patient lives in a basement apartment with roommates and receives assistance from neighbors and friends. She reports losing her walker after a friend moved away. Functionally, the patient demonstrates limitations in endurance, balance, and ambulation. Despite these challenges, she is currently able to perform transfers and indoor ambulation independently without an assistive device. She negotiates stairs at home with supervision and uses a rolling walker for community ambulation. A Timed Up and Go (TUG) test was completed in 23 seconds, indicating a fall risk. A home exercise program (HEP) was reviewed with the patient, including seated and standing therapeutic exercises, standing toe taps, and indoor ambulation. She is independent in dressing, bathing, toileting, and all transfers without cueing. Skilled physical therapy services are recommended to address her deficits and promote safe mobility and independence. Occupational therapy services are not required at this time.
 Date of Order 08/22/2025 Orders Physician Face-to-Face Date: 06/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Urinary tract infection site not specified 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: She remains under home health care for follow-up on medication regimen, disease management and memory care. Physician Chase , Shanita

SN Careplans

SN WK1: 1 (08/23/25-08/23/25) ,WK2: 1 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25) ,WK4: 1 (09/07/25-09/13/25) ,WK5: 1 (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: 4. Assistance needed, but no non-agency caregiver(s) available

SN Goals

PATIENT-STATED GOAL: I WANT TO WALK BETTER

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shanita Chase
3319 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 06/26/2025

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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HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months

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: abnormal blood pressure, itchy skin, rough/scaly/cracked skin

PROCEDURES: Medication teaching and management: Nurse to instruct/assist patient/family on medication management and the reason for taking medications, Disease process teaching: Nurse to assess/instruct patient/caregiver on s/s of UTI, ways to prevent UTI and when to notify nurse/MD, cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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
* 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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

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

Date
08/22/2025