Home Health Certification and Plan of Care

Order ID: 1150/12112

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35793704	09/10/2025	From: 09/10/2025 To: 11/08/2025	17130	217058

6. Patient's Name and Address

Marvell Nelson
1700 Edmondson Avenue Apt 417,
BALTIMORE, MD 21223-
443-204-2304

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 07/07/1939 | **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	09/10/25

13. ICD	Other Pertinent Diagnoses	Date
I50.20	Unspecified systolic (congestive) heart failure	09/10/25
N18.4	Chronic kidney disease stage 4 (severe)	09/10/25
D63.1	Anemia in chronic kidney disease	09/10/25
I21.A1	Myocardial infarction type 2	09/10/25
L89.891	Pressure ulcer of other site stage 1	09/10/25
S80.211D	Abrasion right knee subsequent encounter	09/10/25
I73.00	Raynaud's syndrome without gangrene	09/10/25
G60.9	Hereditary and idiopathic neuropathy unspecified	09/10/25
M06.89	Other specified rheumatoid arthritis multiple sites	09/10/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/10/25
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	09/10/25
E55.9	Vitamin D deficiency unspecified	09/10/25
Z79.82	Long term (current) use of aspirin	09/10/25
Z91.81	History of falling	09/10/25
Z87.440	Personal history of urinary (tract) infections	09/10/25

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

Amlodipine Besylate - Amlodipine Besylate 5mg. 1tab by mouth once a day PT understands Med Indication. Hold medication if systolic BP is <120. But pt has no bP Machine in home and will need teaching on how to use BP machine.
Tylenol - Acetaminophen Take 650 mg tablet by mouth every 6 hours Prn for arthritis pain. Pt cannot take more than 650
Aspirin 81Mg - Aspirin take 81mg tablet by mouth once a day Pt states she is taking med for her heart.
Medication ordered 1x daily for prophylaxis
Gabapentin (Neurontin) take 100 mg Capsule by mouth once a day Pt understands med indication. Requires no teaching.
Metoprolol Succinate - Metoprolol Succinate Take 50mg tablet by mouth once a day Patient currently taking 1X daily for htn
Norvasc - Amlodipine Besylate Take 5 mg Tablet by mouth once a day Pt understands med indication. Requires no teaching. Meds is for HTN
Gabapentin - Gabapentin Take 100mg tablet by mouth twice a day Patient requires teaching because of change frequency
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Pt understands med indication. Requires no teaching. Meds is for daily supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 50 Mcg tablet by mouth once a day Pt understands med indication. Requires no teaching. Meds is for daily supplement
Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mcg by mouth once a day Pt understands med indication. Requires no teaching. Meds is for daily supplement
Vit C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 Mg , take 1 Capsule by mouth once a day Pt understands med indication. Requires no teaching. Meds is for daily supplement

14. DME and Supplies:

bath bench, grab bars, wheelchair, rolling walker, Electric wheel chair

15. Safety Measures:

ambulates with device, bleeding precautions, fall precautions, medication safety, non-slip surface in tub, restricted ROM, walker precautions, emergency phone # clearly displayed, wheelchair precautions, standard precautions, hand rails, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Contracture, Endurance

18.B. Activities Permitted

Transfer bed/Chair, Wheelchair, Exercises Prescribed, Up As Tolerated, Partial Weight Bearing

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: 1. Rarely, 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

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 an 86-year-old female who was recently hospitalized and discharged from subacute rehabilitation following a fall in her kitchen. She resides alone in an independent, elevator-accessible senior apartment and receives support from her sister, who assists with scheduling medical appointments, and a neighbor who helps with transportation and groceries. Past medical history is significant for Stage 4 chronic kidney disease, hypertension, congestive heart failure, rheumatoid arthritis, anemia, depression, neuropathy, rhabdomyolysis, urinary tract infection, decreased coordination, and cognitive decline. The patient is alert and oriented 4, cooperative, and reports being in good spirits, though she does not recall how or why her fall occurred. On assessment, she has a wound below the right knee with a thick scab that cannot be staged, a thickened blackened right great toe of undetermined stage, and a reddened bunion on the same toe; all wounds are currently open to air and require monitoring, with provider notification if specific wound care instructions become necessary. Functionally, she ambulates 30 feet 2 on indoor surfaces with supervision, increased trunk flexion, and a limping gait, and requires supervision for transfers to the toilet, recliner, and power wheelchair. She sleeps in a recliner, is unable to access the shower, and performs sponge bathing at the sink. She is able to complete dressing tasks with increased time,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sadaquat Liaqat
821 N Eutaw St
Baltimore, MD 21201
PHONE: 4103832072 FAX: 14103830054 NPI: 1295236347

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 : 08/18/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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demonstrates bilateral upper extremity weakness, and requires contact guard assistance for sit-to-stand and toilet transfers. She is considered homebound due to significant effort required to leave her residence, evidenced by a Tinetti score of 14/28. Medication reconciliation was completed, with the patient demonstrating fair understanding but requiring further teaching on timing and dosing. Skilled nursing is recommended twice weekly for two weeks, then weekly for four weeks or until goals are achieved, with a plan of care focusing on wound monitoring, medication education, fall risk management, and support system collaboration. Occupational and physical therapy are also recommended to address strength, balance, and independence in ADLs.
 Date of Order 09/10/2025 Orders Physician Face-to-Face Date: 08/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA due to 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 Notes: soc PT Eval Notes: OT Eval Notes: Physician Liaqat, Sadaquat

SN Careplans

SN WK1: 2 (09/10/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/08/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Financial, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, M1600 - UTI, limited range of motion, muscle weakness, limited endurance, limited strength, poor muscle tone, swelling of affected area, B1000 - Vision Deficit, weak hand grips, balance deficit, extremity burn/tingle/numb, tooth pain/decay/sensitivity, red/tender pressure points, new incidence of rash, swell/redness surround. skin, #1 - Abrasion - Anterior Right Below Knee - Reference wound details above, #2 - Open Wound - Other - Right lateral foot- Bunion - , #3 - Other - Other - Right Great Toe - Reference wound details above

PROCEDURES: Medications reviewed at each visit with patient/ caregiver: SN to review meds on each visit and teach on any new meds, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To all wound sites- Open to air., monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange access to adequate food storage, coordinate/arrange patient access to necessary nutrition considering patient inability to pay, coordinate/arrange resources for vision-impaired

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 modification to manage blood condition including dietary changes bleeding precautions, 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has access to necessary nutrition considering patient inability to pay, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver

SN Goals

PATIENT-STATED GOAL: "I want to be able to go back to church. I want to heal my wound."

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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 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
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/10/2025

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performs medical/rehabilitation treatments with adequate competence

management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient has access to necessary nutrition considering patient inability to pay

PT Careplans

PT WK1: 1 (09/10/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 2 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/08/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PROCEDURES: Home exercise program : Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps. , cough/deep breathing exercises, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Return to walking around my house independently

GOALS
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

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

Car Transfer - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Walk 10 Feet - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:

Date

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

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OT WK2: 1 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, 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: ADLS , Patient/caregiver recalls related purpose and schedule of medications: Medications Review, cough/deep breathing exercises, transfers training, 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, * 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 - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL: Wants to get closer

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
* 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

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

09/10/2025