Home Health Certification and Plan of Care

Order ID: 1150/12195

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8PG0ME3RY03	09/13/2025	From: 09/13/2025 To: 11/10/2025	17272	217058

6. Patient's Name and Address

Beatrice Boyer
5107 Old Court Rd Apt 106,
RANDALLSTOWN, MD 21133-
443-392-7261

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 08/06/1931 | **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	09/13/25

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	09/13/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/13/25
N18.9	Chronic kidney disease u	09/13/25
D63.1	Anemia in chronic kidney disease	09/13/25
E78.5	Hyperlipidemia unspecified	09/13/25
I48.91	Unspecified atrial fibrillation	09/13/25
I48.92	Unspecified atrial flutter	09/13/25
M65.4	Radial styloid tenosynovitis [de Quervain]	09/13/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	09/13/25
I89.0	Lymphedema not elsewhere classified	09/13/25
H40.9	Unspecified glaucoma	09/13/25
E53.8	Deficiency of other specified B group vitamins	09/13/25
R26.89	Other abnormalities of gait and mobility	09/13/25
Z79.82	Long term (current) use of aspirin	09/13/25
Z79.01	Long term (current) use of anticoagulants	09/13/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/13/25
Z90.49	Acquired absence of other specified parts of digestive tract	09/13/25
Z85.3	Personal history of malignant neoplasm of breast	09/13/25

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

Acetaminophen - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Mild Pain (pain score 1-3) "Use caution w/ APAP total daily dose greater than 3,000mg*
Amlodipine Besylate - Amlodipine Besylate 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN hold for systolic less than 110 and diastolic less than 60.
Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CVA PPX
Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Blofreeze Cool The Pain External Cream 10% (Menthol (Topical Analgesic)) 10% , Apply to right elbow /wrist (cream) topical twice a day Apply to right elbow /wrist topically two times a day for pain / swelling for 30 Days
Docusate Sodium - Docusate Sodium 100 MG, Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for Bowel regimen
Gabapentin - Gabapentin 300 MG, Give 1 capsule by mouth in the evening Give 1 capsule by mouth in the evening for peripheral neuropathy
Glipizide - Glipizide 5 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for diabetes
Furosemide - Furosemide 20 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every other day for CHF
Metoprolol Tartrate - Metoprolol Tartrate 25 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN, Hold for SBP less than 110 or HR less than 60
Mupirocin - Mupirocin 2% , Apply to skin (Ointment) topical twice a day Apply to skin topically two times a day for rash
Pantoprazole Sodium - Pantoprazole Sodium 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for GERD
Refresh Tears Ophthalmic Solution (Carboxymethylcellulose Sodium (Ophth)) Instill 1 drop in right eye (eye drops) right eye every 12 hours Instill 1 drop in right eye every 12 hours as needed for DRY EYES
Sennosides - Senna 8.6 MG, Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours as needed for bowel regimen
Timolol Maleate - Timolol Maleate 0.5% , Instill 1 drop in left eye (eye drops) left eye twice a day Instill 1 drop in left eye two times a day for Glaucoma
Xarelto - Rivaroxaban 15 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Afib

14. DME and Supplies:

cane, walker, rolling walker, reacher, grab bars, bath bench

15. Safety Measures:

bleeding precautions, walker precautions, transfer with assist, standard precautions, medication safety, fall precautions, cardiac precautions, diabetic precautions, ambulates with device, ambulates with assistance

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

bactrim

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Cane, Walker, Up As Tolerated

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

family/caregiver will be responsible for managing treatment
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, Or Unspecified 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/13/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Salih Grice
1838 Green Tree Rd
Baltimore, MD 21208
PHONE: 4106530366 FAX: 14106014759 NPI: 1003296245

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 : 09/02/2025

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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Clinical Condition Requiring Homecare:

The patient is a 94-year-old female with a significant past medical history of congestive heart failure (CHF), hypertension, hyperlipidemia, type 2 diabetes mellitus, chronic kidney disease, atrial flutter, peripheral neuropathy, lymphedema, and a history of breast cancer. She was recently hospitalized for CHF exacerbation and discharged home with home health services following a rehabilitation stay. The patient resides alone in a single-level senior apartment but receives daily support from her five adult children, who assist with ADLs, IADLs, meal preparation, shopping, and errands. On assessment, the patient was alert and oriented, with skin intact and a previously healed stage 2 sacral pressure ulcer. She has occasional incontinence and ambulates with the use of a rollator under supervision. She is independent with upper and lower body dressing, modified independent for bathing using a shower chair, and independent for sit-to-stand and toilet transfers without cues. She is also modified independent for tub/shower transfers. Upper extremity strength is normal at 5/5 bilaterally. A physical therapy evaluation revealed bilateral lower extremity strength of 3-/5 on manual muscle testing, with limitations primarily due to bilateral lower extremity edema and reduced endurance. She currently requires contact guard assistance for transfers and short-distance ambulation with a rollator. The physical therapist recommends skilled PT services to improve strength, balance, safety, and independence in functional mobility with the goal of returning the patient to her prior level of function. Occupational therapy evaluation was also completed, and no further OT services were deemed necessary at this time as the patient demonstrated sufficient independence in ADLs. Skilled nursing services have been ordered with a frequency of 1 visit the first week, 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> the second week, and 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> the following week. The next scheduled skilled nursing visit is Tuesday. The plan of care will focus on monitoring the patient's cardiovascular status, managing comorbidities, reinforcing education on CHF management and medication adherence, monitoring for skin integrity and signs of fluid overload, and collaborating with PT services to support improved mobility, safety, and independence at home.
 Date of Order 09/13/2025 Orders Physician Face-to-Face Date: 09/02/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified 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 Grice, Salih

SN Careplans

SN WK1: 1 (09/13/25-09/13/25) ,WK2: 1 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25)

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, poor muscle tone, muscle weakness, swelling of affected area, limited endurance, limited strength, red/tender pressure points

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, * 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 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 complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, 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

SN Goals

PATIENT-STATED GOAL: I want to get around better

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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 joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/13/2025

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* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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
* 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 WK2: 1 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25) ,WK7: 1 (10/19/25-10/25/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, 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

PROCEDURES: Medication Review : - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, Picking Up Object - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk around how she used to

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

Sit to Stand - 04. Supervision or touching assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

Picking Up Object - 04. Supervision or touching assistance

Medication Review

OT Careplans

OT WK2: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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

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

Signature of Physician:

Date

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

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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	* 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

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