Home Health Certification and Plan of Care

Order ID: 1150/12176

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA0005015	09/11/2025	From: 09/11/2025 To: 11/09/2025	17141	217058

6. Patient's Name and Address
Veronica Matthews
505 High Acre Dr Apt 229,
WESTMINSTER, MD 21157-
443-535-3265

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 03/08/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I42.9	Cardiomyopathy unspecified	09/11/25

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/11/25
I10.	Essential (primary) hypertension	09/11/25
E78.5	Hyperlipidemia unspecified	09/11/25
E03.9	Hypothyroidism unspecified	09/11/25
R26.9	Unspecified abnormalities of gait and mobility	09/11/25
Z79.82	Long term (current) use of aspirin	09/11/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	09/11/25
Z96.642	Presence of left artificial hip joint	09/11/25

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

Metoprolol Succinate - Metoprolol Succinate 100 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN HOLD IF SBP IS LESS THAN 110 OR HR LESS THAN 60
Levothyroxine Sodium - Levothyroxine Sodium 112 MCG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day on even days for low thyroid hormone
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CAD
Spironolactone - Spironolactone 25 MG , Give 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for FLUID RETENTION
Atorvastatin - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day For high cholesterol
Asa - Aspirin 81mg by mouth once a day
Lasix - Furosemide 40 mg by mouth once a day For fluid

14. DME and Supplies:
bath bench, cane, wheelchair, walker

15. Safety Measures:
bleeding precautions, standard precautions, walker precautions, medication safety, fall precautions, cardiac precautions, bathroom safety, ambulates with device

16. Nutrition:
fluid restriction

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Hearing

18.B. Activities Permitted
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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, 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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cardiomyopathy Unspecified , 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 82-year-old woman with a past medical history significant for coronary artery disease, cardiomyopathy (previous EF 45%), hypertension, hyperlipidemia, hypothyroidism, bilateral knee replacements, and a left hip replacement. She was recently hospitalized for shortness of breath, where workup revealed mildly elevated troponins and an echocardiogram showing an EF of 20%. Cardiac catheterization identified approximately 70% stenosis in the LAD, for which a stent was placed. Cardiology consultation considered the differential of non-ischemic cardiomyopathy versus Takotsubo cardiomyopathy. She was initiated on guideline-directed medical therapy (GDMT), including Metoprolol 50 mg, Losartan 100 mg, and Spironolactone 25 mg. Farxiga was trialed but discontinued due to her history of recurrent urinary tract infections and urinary incontinence. The patient was discharged with a wearable defibrillator (LifeVest) and instructions to follow up with cardiology for repeat echocardiogram to reassess EF and determine the need for ICD placement. Following discharge, the patient transitioned from a subacute rehabilitation facility to her independent living facility (ILF), where she resides in a second-floor apartment with elevator access. On home health evaluation, she was alert, cooperative, and corroborated her hospital course. Functionally, she is able to stand and transfer independently, ambulate short distances with a rolling walker independently, and requires supervision for longer ambulation. Stair negotiation, car transfers, and outdoor ambulation have not yet been assessed. The Timed Up and Go (TUG) test was completed in 54 seconds, confirming she is at high risk for falls and demonstrating reduced cadence. The patient was provided with a home exercise program consisting of seated therapeutic exercises, sit-to-stand training, and ambulation practice. Education was provided regarding medication adherence, safe use of assistive devices, and fall prevention strategies. She will benefit from skilled therapy services to address decreased strength, endurance, mobility, and balance, with the goal of promoting independence, improving safety, and supporting a return to her prior level of function. Continued skilled nursing oversight will include medication monitoring, reinforcement of heart failure self-management strategies, and coordination with cardiology regarding LifeVest management and follow-up care.
 Date of Order 09/11/2025 Orders Physician Face-to-Face Date: 08/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Cardiomyopathy Unspecified 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: Physician Cook Iv, Joseph

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joseph Cook IV
6501 Baltimore National Pike
Catonsville, MD 21228
PHONE: 4103682100 FAX: 14107445117 NPI: 1124069257

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 : 08/28/2025

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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SN WK1: 1 (09/11/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (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) ,WK8: 1 (10/26/25-10/31/25)

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

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: M1720 - Anxiety, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, lightheadedness, distended veins lower extremities, delayed capillary refill, balance deficit, B0200 - Hearing Deficit, bruising/discoloration

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

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * strategies to increase socialization, related medication(s) purpose, schedule

PATIENT-STATED GOAL: To have the heart monitor removed.

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
* 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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (09/14/2025 - 09/20/2025), WK4: 1 (09/28/2025 - 10/04/2025), WK5: 1 (10/05/2025 - 10/11/2025), WK6: 1 (10/12/2025 - 10/18/2025), WK7: 1 (10/19/2025 - 10/25/2025), WK8: 1 (10/26/2025 - 10/31/2025), WK9: 1 (11/02/2025 - 11/08/2025)

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: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., 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 - 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

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

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

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

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Signature of Physician:

Date

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

Date
09/11/2025