Home Health Certification and Plan of Care

Order ID: 1150/12547

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30354679500	09/18/2025	From: 09/18/2025 To: 11/16/2025	17412	217058

6. Patient's Name and Address
Rose Simmons
4209 Summer Shade Way,
OWINGS MILLS, MD 21117-
410-952-4878

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 06/07/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	09/18/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/18/25
I50.22	Chronic systolic (congestive) heart failure	09/18/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/18/25
N18.32	Chronic kidney disease stage 3b	09/18/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	09/18/25
I69.320	Aphasia following cerebral infarction	09/18/25
D05.11	Intraductal carcinoma in situ of right breast	09/18/25
E78.5	Hyperlipidemia unspecified	09/18/25
M85.80	Oth disrd of bone density and structure unspecified site	09/18/25
E55.9	Vitamin D deficiency unspecified	09/18/25
Z79.82	Long term (current) use of aspirin	09/18/25
Z90.13	Acquired absence of bilateral breasts and nipples	09/18/25
Z90.49	Acquired absence of other specified parts of digestive tract	09/18/25

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

Carvedilol - Carvedilol 25 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for Hypertension HOLD FOR SBP LESS THAN 110
Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Atorvastatin Calcium - Atorvastatin Calcium 20 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for LIPID CONTROL
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 SBP LESS THAN 110 OR HR LESS THAN 60
Famotidine - Famotidine 20 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HEART BURN
Aspirin 325Mg - Aspirin 325 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DVT PROPHYLASIX
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2,000U by mouth once a day Supplement
Novolog - Insulin Aspart Recombinant 10U subcutaneous three times a day With meals
Tresiba - Insulin Degludec 30U subcutaneous at bedtime

14. DME and Supplies:
walker, commode, diabetic supplies, cane, bath bench

15. Safety Measures:
sharps precautions, infectious material management, , walker precautions, , , diabetic precautions, bathroom safety, ambulates with device, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter For Surgical Aftercare Following Surgery On The Digestive System, 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 75-year-old female with a complex medical history notable for invasive ductal carcinoma of the left breast (likely a transcription error in the original note), multiple embolic cerebrovascular accidents in 2011 secondary to a left ventricular thrombus with residual right-sided weakness and aphasia, heart failure with reduced ejection fraction, chronic kidney disease stage 3b, hypertension, hyperlipidemia, and diabetes mellitus. She was recently hospitalized for perforated appendicitis requiring laparoscopic appendectomy complicated by a prolonged recovery with leukocytosis, hypoxia, and coffee-ground emesis; she was subsequently discharged to a skilled nursing facility and is now referred for home health services for disease- and medication-education and physical therapy to address ongoing functional decline. On evaluation she was alert but not fully oriented and largely nonverbal, providing only one-word responses ("ok"); her sister, the primary caregiver, was present and supplied the history and answered questions during the visit. The caregiver reports the patient is incontinent of both urine and stool. On examination the lungs were clear to auscultation, bowel sounds were audible, and pulses were palpable in all extremities; vital signs were obtained and the admission process completed. Continued home health support is recommended for caregiver education, medication management, mobility/ADL assistance, continence and skin care, and close monitoring for medical complications.
 Date of Order 09/18/2025 Orders Physician Face-to-Face Date: 08/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Encounter For Surgical Aftercare Following Surgery On The Digestive System 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 Ravi, Chaitanya

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Chaitanya Ravi
5400 OLD COURT ROAD
RANDALLSTOWN, MD 21133
PHONE: 410-521-4211 FAX: 14105210627 NPI: 1376504027

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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Rose Simmons 4209 Summer Shade Way, OWINGS MILLS, MD 21117- 410-952-4878	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (09/18/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25)

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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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: M1700 - Cognition, M1720 - Anxiety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, muscle weakness, limited strength, balance deficit, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training

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, * 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, * 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 patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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-STATED GOAL: Family verbalize desire to keep patient out of the hospital.

GOALS
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 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
* 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 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/18/2025

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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

09/29/2025:

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: cough/deep breathing exercises, incentive spirometer, 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,

09/29/2025 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, Target Date: 11/16/2025, therapeutic exercises, Target Date: 11/16/2025, therapeutic modalities, Target Date: 11/16/2025, equipment training, Target Date: 11/16/2025, work simplification/energy conservation, Target Date: 11/16/2025, related medication(s) purpose and schedule, Target Date: 11/16/2025, symptoms requiring physician notification, Target Date: 11/16/2025, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 04. Supervision or touching assistance, 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, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: no to go back to hospital

GOALS
Chair to Bed to Chair - 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

Toilet Transfer - 04. Supervision or touching assistance

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

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

Oral Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 03. Partial/moderate assistance

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	09/18/2025