Home Health Certification and Plan of Care

Order ID: 1150/12495

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7WA3QR7GG94	09/15/2025	From: 09/15/2025 To: 11/12/2025	4486	217058

6. Patient's Name and Address

Hermin Cox
9 RICHMAR ROAD, APT F,
OWINGS MILLS, MD 21117-
404-234-9190

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 07/12/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	09/15/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/15/25
I50.23	Acute on chronic systolic (congestive) heart failure	09/15/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/15/25
N18.30	Chronic kidney disease stage 3 unspecified	09/15/25
E85.4	Organ-limited amyloidosis	09/15/25
I43.	Cardiomyopathy in diseases classified elsewhere	09/15/25
I48.92	Unspecified atrial flutter	09/15/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/15/25
R10.9	Unspecified abdominal pain	09/15/25
I70.0	Atherosclerosis of aorta	09/15/25
I27.20	Pulmonary hypertension unspecified	09/15/25
M79.7	Fibromyalgia	09/15/25
D64.9	Anemia unspecified	09/15/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/15/25
Z79.82	Long term (current) use of aspirin	09/15/25
Z79.01	Long term (current) use of anticoagulants	09/15/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/15/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/15/25

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

Acetaminophen - Acetaminophen 500mg by mouth every 4-6 hours As needed for pain
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 iu by mouth once a day
Hydralazine - Hydralazine Hydrochloride 10 mg by mouth three times a day For 30 days
Trazadone - Trazodone Hydrochloride 50 mg by mouth at bedtime Sleep aid
Famotidine - Famotidine 20 mg by mouth at bedtime Indigestion/gas
Bumetanide - Bumetanide 2 mg tablet by mouth twice a day
Calcitriol - Calcitriol 0.25mcg 0.25 mg by mouth threee times per week 1 capsule 3x weekly
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 cap by mouth twice a day Blood thinner; 75 mg twice daily
Cymbalta - Duloxetine Hydrochloride 60 mg capsule by mouth once a day Delayed release
Amiodarone - Amiodarone Hydrochloride 400 mg 3x daily by mouth three times a day 400 mg tablet 3x daily for 4 days then 1 tablet once daily
vyndamax 61 mg capsule by mouth once a day 61 mg daily
Ventolin Hfa - Albuterol Sulfate 90mcg by mouth every 4 hours 2 puffs every 4 hours as needed
Alvesco - Ciclesonide 0.08 mg/inh 2 puff by mouth twice a day Respiration

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

bathroom safety, diabetic precautions, cardiac precautions, , walker precautions, ambulates with assistance, ambulates with device

16. Nutrition:

fluid restriction

17. Allergies:

amlodipine cipro diltiazem gabapentin oxycodone pencillins sulfa antibiotics tra

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

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: 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 Unspecified Atrial Fibrillation , 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 76-year-old female with a past medical history significant for heart failure with reduced ejection fraction (HFrEF) with EF 30-35%, atrial flutter, pulmonary hypertension, hypertension, obstructive sleep apnea (non-compliant with CPAP), prior left cerebrovascular accident with residual right-sided hemiparesis, diverticulitis, gastrointestinal bleeding, and fibromyalgia. She presents to the agency following a recent hospital discharge for generalized weakness persisting for three weeks, accompanied by decreased appetite. During hospitalization, she was found to be in atrial fibrillation with rapid ventricular response (HR 130) and has a history of defibrillator placement with reported shock on August 10, 2025. On evaluation, the patient is alert and oriented 4. She reports urinary frequency, with her last bowel movement documented on September 14. Functionally, she is able to stand and transfer independently, though requiring increased time. She utilizes a rollator for indoor ambulation with supervision. Stairs negotiation, outdoor ambulation, and car transfers have not yet been assessed; however, the patient reports requiring physical assistance for these activities. Timed Up and Go (TUG) testing demonstrated increased time consistent with a high fall risk. Additional limitations include reduced endurance, impaired dynamic standing balance, and generalized weakness. The home exercise program (HEP) was reviewed with the patient, including seated therapeutic exercises, sit-to-stand repetitions, and ambulation training. The patient demonstrates understanding and willingness to participate. Skilled therapy services remain indicated to address functional deficits, improve safety, enhance mobility, and promote progression toward her prior level of function (PLOF).
 Date of Order 09/15/2025 Orders Physician Face-to-Face Date: 09/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Unspecified Atrial Fibrillation 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 - PT Notes: soc Physician Emmanuel-Allen, Laura

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 09/09/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/12495

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7WA3QR7GG94	09/15/2025	From: 09/15/2025 To: 11/12/2025	4486	217058

6. Patient's Name and Address

Hermin Cox
9 RICHMAR ROAD, APT F,
OWINGS MILLS, MD 21117-
404-234-9190

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

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (09/15/25-09/20/25) ,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) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25) ,WK8: 1 (11/02/25-11/08/25)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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, 9. Other risk(s) not listed in 1- 8

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130F1 - Upper Body Dressing, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, coughing, M1400 - Dyspnea, M1033 - Exhaustion, frequent urination, limited strength, limited endurance, muscle weakness

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 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 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, * 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's transportation needs are met, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 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, 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, Medication Review-Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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 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

patient's transportation needs are met

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

09/15/2025

Home Health Certification and Plan of Care

Order ID: 1150/12495

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7WA3QR7GG94	09/15/2025	From: 09/15/2025 To: 11/12/2025	4486	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Hermin Cox 9 RICHMAR ROAD, APT F, OWINGS MILLS, MD 21117- 404-234-9190	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/15/2025