# Home Health Certification and Plan of Care

**Order ID: 1150/12717**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 7Q36P62WW79 | 09/24/2025 | From: 09/24/2025 To: 11/21/2025 | 5325 | 217058 |

**6. Patient's Name and Address**

Cheryl Brown
3151 KESWICK RD,
BALTIMORE, MD 21211-
410-350-4070

**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** 01/31/1949 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I11.0 | Hypertensive heart disease with heart failure | 09/24/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I50.32 | Chronic diastolic (congestive) heart failure | 09/24/25 |
| I48.0 | Paroxysmal atrial fibrillation | 09/24/25 |
| E03.9 | Hypothyroidism unspecified | 09/24/25 |
| L89.302 | Pressure ulcer of unspecified buttock stage 2 | 09/24/25 |
| N39.0 | Urinary tract infection site not specified | 09/24/25 |
| G35. | Multiple sclerosis | 09/24/25 |
| M10.9 | Gout unspecified | 09/24/25 |
| G50.0 | Trigeminal neuralgia | 09/24/25 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 09/24/25 |
| D50.9 | Iron deficiency anemia unspecified | 09/24/25 |
| E78.5 | Hyperlipidemia unspecified | 09/24/25 |
| N31.9 | Neuromuscular dysfunction of bladder unspecified | 09/24/25 |
| C91.10 | Chronic lymphocytic leuk of B-cell type not achieve remis | 09/24/25 |
| I87.8 | Other specified disorders of veins | 09/24/25 |
| I35.1 | Nonrheumatic aortic (valve) insufficiency | 09/24/25 |
| I70.0 | Atherosclerosis of aorta | 09/24/25 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 09/24/25 |
| E55.9 | Vitamin D deficiency unspecified | 09/24/25 |
| E22.2 | Syndrome of inappropriate secretion of antidiuretic hormone | 09/24/25 |
| R33.9 | Retention of urine unspecified | 09/24/25 |
| Z45.2 | Encounter for adjustment and management of VAD | 09/24/25 |
| Z86.16 | Personal history of COVID-19 | 09/24/25 |

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

Acetaminophen - Acetaminophen 500 mg by mouth as necessary For pain
Estradiol cream 0.1mg/1gr topical as necessary For derm
Cpap - Cpap 8-14 inhalant at bedtime
Allopurinol - Allopurinol 300 mg 1 tablet by mouth once a day In preparation for chemo
Prochlorperazine Maleate - Prochlorperazine Maleate eq 10 mg base 1 tablet by mouth four times a day As needed for nausea and vomiting
Sennosides - Senna 1 tablet by mouth twice a day As needed for constipation
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 1/2 tablet by mouth every 6 hours As needed for pain 4-6
Venclexta - Venetoclax 100mg by mouth once a day 4 tabs daily w/ food and a lot of water. Must hold med if infection occurs
Uqora 60 capsule bottle by mouth twice a day 2 tabs in AM and 1 tab PMu Part2.
Uqora Powder 55G by mouth twice a day every 3 days for UTI prevention
Feosol - Ferrous Sulfate: Folic Acid 325mg by mouth once a day Taken as supplement
Levothroxine - Levothyroxine Sodium 125mch by mouth once a day before breakfast 2 tabs on Sunday and Wednesday and 1 tabs on Monday Tuesday Thursday Friday and Saturday for thyroid functions
Atorvastatin - Atorvastatin Calcium 10mg by mouth once a day Needed for cholesterol
Teaching needed
Bumetanide - Bumetanide 2 mg 2mg by mouth twice a day diuretic
Lamotrigine - Lamotrigine 50 mg 2 tablets by mouth once a day Trigeminal neuralgia.
Carbamazepine - Carbamazepine 200 mg 200 mg by mouth three times a day Taking her trigeminal neuralgia
Dilantin - Phenytoin Sodium 100 mg extended 100mg by mouth three times a day Trigeminal neuralgia
Rena Vite 60mg by mouth once a day supplement for kidney mgt
Vitron C 65mg by mouth once a day For Iron supplement
Furosemide - Furosemide 20mg by mouth once a day Patient compliant with med regimen

**14. DME and Supplies:**

urinary/catheter supplies, cane

**15. Safety Measures:**

walker precautions, ambulates with device, hip precautions, restricted ROM, knee precautions, cardiac precautions,

**16. Nutrition:**

regular

**17. Allergies:**

bactrim keflex penicillins

**18.A. Functional Limitations**

Bowel/Bladder Incontinence, Contracture, Endurance, M.S

**18.B. Activities Permitted**

Walker, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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: 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

**Homebound status:** Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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 significant medical history of multiple sclerosis (MS), recurrent urinary tract infections (UTIs), chronic lymphocytic leukemia, aortic valve insufficiency, urinary retention, trigeminal neuralgia, atrial fibrillation, and congestive heart failure (CHF). She has experienced multiple hospitalizations within the past year, primarily related to urinary complications associated with her MS. The patient currently resides in a two-story row home with her husband, who serves as her primary caregiver. Access to the home requires navigating six steps with a railing, and the bedroom and bathroom are located on the second floor.  The patient is alert and oriented to person, place, and time. She demonstrates generalized weakness and decreased mobility, ambulating approximately 30 feet indoors with the assistance of a rolling walker under supervision. Gait is characterized by left foot drop and decreased step length. She is able to negotiate 14 steps with the use of a railing and contact guard assistance. Bed mobility requires supervision. Outside mobility and car transfers were not assessed during the visit. The patient's Tinetti score is 9/28, indicating a high fall risk.  The patient is incontinent of both bowel and bladder and requires adult incontinence briefs for management. She has chronic urinary retention managed through straight catheterization performed by her husband twice daily, with a reported return of 550 mL this morning. She also presents with redness and mild inflammation of the right knee of unclear etiology, though previously evaluated by her physician without a definitive cause. She wears a compression stocking on the left lower extremity from foot to below the knee. No open wounds were identified.  Medication management is organized by her husband using a pillbox. Once medications are prepared, the patient is able to self-administer, though she does not recall names or indications. The husband demonstrates good knowledge of medication regimen, including purpose and dosing.  Vital signs were obtained and within normal limits. The patient denies current pain. No additional skin integrity issues were noted aside from the right knee findings. Her primary concerns include progressive weakness and functional decline, with both the patient and husband expressing interest in physical and occupational therapy services

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles SN RN on 09/24/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Qinglin Gao
500 Upper Cheasapeak Dr
BEL AIR, MD 21239
PHONE: FAX: NPI: 1053381780

**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 : 09/21/2025

**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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to support strength, mobility, and independence in activities of daily living (ADLs). Skilled nursing services were requested by the husband for ongoing monitoring of vital signs, continued oversight of her condition, and support with evolving care needs as her disease progresses.  Education was provided regarding the current plan of care. The patient and her husband were informed that physical and occupational therapy evaluations will follow. They were instructed to contact nursing services for any new concerns. Recommendations include skilled home therapy to maintain joint range of motion, preserve current strength, reduce fall risk, and improve home safety. A second handrail from the first to second floor is advised to enhance stair safety. <br> Date of Order 09/24/2025 Orders Physician Face-to-Face Date: 09/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart Disease With Heart Failure Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: <br> Physician Gao, Qinglin

## SN Careplans

SN WK1: 1 (09/24/25-09/27/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 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

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

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

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: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, urine retention, M1610 - Urinary Catheter, poor muscle tone, muscle weakness, limited range of motion, swelling of affected area, limited strength, limited endurance, balance deficit, weak hand grips, involuntary movement of extremity, swell/redness surround. skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation: Straight cath 2x daily w/ 20-30ml irrigation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * 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 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 catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: Have stability in care when husband is not there.

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
* 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
* 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 gout flare-ups including non-medical pain relief
* dietary modifications
* 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
* 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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to 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 achieve wound healing including cleaning and dressing wound

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 09/24/2025 |

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

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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 is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK1: 1 (09/24/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK6: 1 (10/26/25-11/01/25) ,WK8: 1 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

09/28/2025

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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. 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

## PT Goals

PATIENT-STATED GOAL: I would like to keep myself from getting any weakner

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

Car Transfer - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Sit to Stand - 04. Supervision or touching assistance

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

Toilet Transfer - 04. Supervision or touching assistance

Signature of Physician:

Date



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

Date
09/24/2025

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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 - 04. Supervision or touching 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

Toilet 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
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