Home Health Certification and Plan of Care

Order ID: 1150/12840

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42201797400	09/30/2025	From: 09/30/2025 To: 11/28/2025	17899	217058

6. Patient's Name and Address

Diana Quarles
5803 Judith Way,
BALTIMORE, MD 21206-
443-474-6551

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 10/30/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G40.409	Oth generalized epilepsy not intractable w/o stat epi	09/30/25

13. ICD	Other Pertinent Diagnoses	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	09/30/25
I50.32	Chronic diastolic (congestive) heart failure	09/30/25
N18.6	End stage renal disease	09/30/25
D63.1	Anemia in chronic kidney disease	09/30/25
N25.81	Secondary hyperparathyroidism of renal origin	09/30/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/30/25
I73.9	Peripheral vascular disease unspecified	09/30/25
J44.9	Chronic obstructive pulmonary disease unspecified	09/30/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/30/25
E78.5	Hyperlipidemia unspecified	09/30/25
I69.398	Other sequelae of cerebral infarction	09/30/25
H54.7	Unspecified visual loss	09/30/25
G62.9	Polyneuropathy unspecified	09/30/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/30/25
H26.9	Unspecified cataract	09/30/25
Z99.2	Dependence on renal dialysis	09/30/25

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

Acetaminophen - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours 325 MG Give 2 tablet by mouth every 6 hours as needed for General Discomfort Notify physician/midlevel provider if discomfort persists. Do not exceed 3g/day
Allopurinol - Allopurinol Give 100 mg tablet by mouth once a day Give 100 mg by mouth one time a day for Gout
Alvesco - Ciclesonide 160 MCG/ACT , 1 puff inhale orally inhalant every 12 hours 160 MCG/ACT
1 puff inhale orally every 12 hours for COPD
Amlodipine Besylate - Amlodipine Besylate Give 10 mg Tablet by mouth once a day Give 10 mg by mouth one time a day for htn Hold for systolic less than 110 and HR less than 50
Calcium Acetate (Phos Binder) Oral Capsule 667 MG (Calcium Acetate (Phosphate Binder)) 667 MG , Give 1 capsule by mouth once a day 667 MG Give 1 capsule by mouth with meals for Supplement
Carvedilol - Carvedilol 12.5 MG , Give 1 tablet by mouth every 12 hours 12.5 MG
Give 1
tablet by mouth every 12 hours for htn Hold for systolic less than 110 and HR less than 50
Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5% (Dorzolamide HCl-Timolol Maleate) 2-0.5% , Instill 1 drop in right eye right eye twice a day Instill 1 drop in right eye two times a day for Glaucoma
Gabapentin - Gabapentin 100 MG , Give 1 capsule by mouth once a day 100 MG
Give 1 capsule by mouth one time a day for Neuropathy
Latanoprost - Latanoprost 0.005% , Instill 1 drop in right eye right eye once a day Instill 1 drop in right eye one time a day for Glaucoma
Levetiracetam - Levetiracetam Give 500 mg Tablet by mouth once a day Give 500 mg by mouth one time a day for Seizure
Lidocaine-Prilocaine External Cream 2.5-2.5% (Lidocaine-Prilocaine) 2.5-2.5% , Apply to Left arm (External cream) topical three times per week Apply to Left arm topically every day shift every Mon, Wed, Fri for pain apply hour prior to dialysis
Pantoprazole Sodium - Pantoprazole Sodium Give 40 mg Tablet by mouth twice a day 40 MG Give 40 mg by mouth two times a day for Gerd
prednisoLONE Acetate Ophthalmic Suspension 1% (Prednisolone Acetate (Ophth)) 1% , Instill 1 drop in right eye (eye Drops) drops every 8 hours Instill 1 drop in right eye every 8 hours for Glaucoma until 12/14/2025 23: 59
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 1 puff inhale inhalant every 6 hours 1 puff inhale orally every 6 hours as needed for SOB/wheezing
Vitamin B Complex Oral Tablet (B-Complex Vitamins) Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for suppiment
Atorvastatin Calcium - Atorvastatin Calcium Give 80 mg tablet by mouth once a day Give 80 mg by mouth at bedtime for HLD
Cpap - Cpap - inhalant at bedtime COPD

14. DME and Supplies:

bath bench, walker

15. Safety Measures:

seizure precautions, walker precautions, , bathroom safety, supervision at all times, , activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low cholesterol, low sodium

17. Allergies:

lisinopril iodinated contrast media

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 09/23/2025

27. Attending Physician's Signature and Date Signed **10/08/2025** 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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Homebound status: Due to diagnosis of Other Generalized Epilepsy And Epileptic Syndromes, Not Intractable, Without Status Epilepticus, 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 70-year-old female with a significant past medical history of epilepsy, chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD), gout, hypertension (HTN), hyperlipidemia (HLD), seizure disorder, glaucoma, end-stage renal disease (ESRD) on hemodialysis every Monday, Wednesday, and Friday, cardiac disease, and chronic nerve pain. She was recently hospitalized following a tonic-clonic seizure and subsequently discharged from subacute rehabilitation two weeks ago. The patient is alert and oriented 3-4, pleasant, and cooperative during the visit. She denies abdominal pain, nausea, vomiting, urinary discomfort, chest pain, palpitations, dizziness, or abnormal bleeding. Her last bowel movement was yesterday, and bowel sounds are normoactive. She reports minimal water intake and was re-educated on the importance of increased hydration to support respiratory health and prevent urinary tract infections. On examination, lung sounds are clear to auscultation bilaterally, with no wheezes, crackles, or rhonchi. Mild ankle edema is noted on the left lower extremity, with compression stockings applied for swelling management. No open wounds or skin integrity issues are present. Pedal pulses are palpable bilaterally. The patient ambulates with a walker and requires supervision for safety during ambulation due to seizure risk and balance concerns, making it a taxing effort for her to leave the home. She reports no recent falls. The patient resides with her daughter in a multilevel home, with her bedroom and bathroom located on the second floor. She is independent in upper and lower body dressing and demonstrates modified independence for bathing, toilet, and shower transfers without verbal cues. Bilateral upper extremity strength is 5/5. Occupational therapy evaluation determined that the patient does not require additional OT services at this time. Medications were reviewed in detail with the patient, including names, purposes, and potential side effects. Compliance with prescribed inhalers and CPAP use was reinforced, and the patient demonstrated accurate recall of inhalation therapy frequency. Prescriptions from the rehabilitation facility have been forwarded to the pharmacy by her daughter. The patient is scheduled for a primary care follow-up appointment with Dr. Jeffery Katz (KP) on Thursday, October 9, 2025. Skilled nursing services are ordered at a frequency of 1 visit per week for 8 weeks for ongoing medication management, monitoring, and patient compliance. The patient and her daughter were educated on seizure safety precautions, signs and symptoms of infection, proper use of compression stockings, and the importance of maintaining adherence to medical treatments and hydration. Both verbalized understanding and agreement with the current plan of care.
 Date of Order 09/30/2025 Orders Physician Face-to-Face Date: 09/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other Generalized Epilepsy And Epileptic Syndromes, Not Intractable, Without Status Epilepticus 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 Katz , Jeffrey

SN Careplans

SN WK1: 1 (09/30/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25) ,WK3: 1 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25) ,WK7: 1 (11/09/25-11/15/25) ,WK8: 1 (11/16/25-11/22/25)

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, 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: M2020 - Oral Med Management, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling in the arms/legs, abn cholesterol > 200 mg/dL, abnormal blood pressure, heartburn/indigestion, muscle weakness, limited strength, limited endurance, lethargy, seizures, balance deficit, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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

SN Goals

PATIENT-STATED GOAL: to prevent seizures and get better

GOALS
patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 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
* 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

Signature of Physician:

Date

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

Date: 09/30/2025

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diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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 performs medical/rehabilitation treatments with adequate competence

* 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 manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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 performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT skill Total Visits: 8 and Visit Freq: 2w2, 1w4

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea,10/08/2025 Problems :
GG0170I1 - Walk 10 Feet
M1400 Dyspnea
GG0130A1 - Eating
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
GG0130B1 - Oral Hygiene
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

10/08/2025 procedure: Home exercise program , Notes: 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 , Dynamic and

PT Goals

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 - 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

10/07/2025

4 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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static standing balance training,

10/08/2025 discharge_plan: patient will be responsible for managing treatment, Target Date: 11/28/2025,

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 - 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

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (09/30/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 home remedies to keep lungs healthy, 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

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
* home remedies to keep lungs healthy
* 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

Signature of Physician:	Date
	PAGE 4 of 4
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