Home Health Certification and Plan of Care

Order ID: 1150/12961

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
381044208	07/31/2025	From: 09/29/2025 To: 11/27/2025	15858	217058

6. Patient's Name and Address
Roseanne Mergler
1114 Orems Rd,
Middle River, MD 21220-
215-713-8457

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 08/24/1938 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	07/31/25

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	07/31/25
N18.6	End stage renal disease	07/31/25
D63.1	Anemia in chronic kidney disease	07/31/25
I95.9	Hypotension unspecified	07/31/25
F41.9	Anxiety disorder unspecified	07/31/25
J44.9	Chronic obstructive pulmonary disease unspecified	07/31/25
E78.5	Hyperlipidemia unspecified	07/31/25
I27.20	Pulmonary hypertension unspecified	07/31/25
E55.9	Vitamin D deficiency unspecified	07/31/25
K21.9	Gastro-esophageal reflux disease without esophagitis	07/31/25
M10.9	Gout unspecified	07/31/25
J96.01	Acute respiratory failure with hypoxia	07/31/25
M89.8X9	Other specified disorders of bone unspecified site	07/31/25
Z79.01	Long term (current) use of anticoagulants	07/31/25
Z99.2	Dependence on renal dialysis	07/31/25
Z85.528	Personal history of other malignant neoplasm of kidney	07/31/25
Z85.118	Personal history of malignant neoplasm of bronchus and lung	07/31/25
Z91.81	History of falling	07/31/25

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

Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 50 MG , Give 1 tablet by mouth every 8 hours for Anxiety for 14 Days Adminsiter prior to dislysis to reduces anxiety. Can give additional dose during dislysis
Retacrit 3000 Unit/Ml, Inject 3000 unit 3000 Unit/Ml, Inject 3000 unit subcutaneous once a day Every Mon, Wed,Fri with 2000 unit to 5000 units after dialysis. Given by the dialysis nurse.
Atorvastatin Calcium - Atorvastatin Calcium 40 mg, Give 1 tablet by mouth at bedtime Cholesterol
Pantoprazole Sodium - Pantoprazole Sodium 40 MG , Give 1 tablet by mouth in the morning GERD
Acetaminophen - Acetaminophen 500 MG, Give 2 tablets by mouth every 8 hours As needed for pain.
Seroquel - Quetiapine Fumarate 25 mg, Give 1 tablet by mouth at bedtime Depression
Eliquis - Apixaban 2.5 Mg, Give 1 tablet by mouth twice a day Blood thinner
Allopurinol - Allopurinol 100 Mg, Give 1 tablet by mouth once a day Gout
Sennosides - Senna 8.6 - 50 Mg, Give 2 tablet by mouth twice a day 2 tab = 17.2 mg, Take with a full glass of water. may discolor urine or feces hold for loose stool.
Nephro-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement give 1 tablet =1mg
Midodrine Hydrochloride - Midodrine Hydrochloride 10 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Hypotension Hold for systolic greater than 140
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Give 17 gram , Tablet by mouth once a day Give 17 gram by mouth one time a day for Bowel regimen Hold for loose stools, mix with 4 ounces beverage of cholce.
Cholecalciferol Oral Tablet 25 MCG (1000 UT) (Cholecalciferol) 25 MCG (1000 UT) ,Give 1 tablet by mouth once a day Supplement
Amiodarone - Amiodarone Hydrochloride 200mg, take 1 tablet by mouth in the morning Heart medication
Metoprolol Succinate - Metoprolol Succinate 25 MG , Give 1 tablet by mouth at bedtime bedtime for afib Hold med for SBP <1:0 or HR <50.

14. DME and Supplies:
bath bench, wheelchair

15. Safety Measures:
wheelchair precautions, , bathroom safety,

16. Nutrition:
renal diet

17. Allergies:
citalopram cyclobenzaprine mirtazapine omeprozole oxybutynin tetracycline tra

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis Paroxysmal 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 an 86-year-old Caucasian female with a past medical history of hypotension, end-stage renal disease (ESRD), atrial fibrillation, anxiety, and irritable bowel syndrome (IBS). She currently receives hemodialysis three times weekly via a port in her right upper chest. In May, the patient sustained a right hip fracture following a fall at home, requiring open reduction and internal fixation (ORIF). Postoperatively, she developed fluid retention due to having only one kidney (following a prior cancer-related nephrectomy), which necessitated the initiation of dialysis. While in a rehabilitation facility, she experienced a second fall in the bathroom. She reports a current pain level of 4/10 and experiences fatigue, but denies shortness of breath, nausea, vomiting, or dizziness. Bowel movements remain unstable due to IBS, and she uses Preparation H for hemorrhoids. On examination, she has bilateral lower extremity non-pitting edema. Vitals are within normal limits, lungs are clear to auscultation, and her skin is warm, dry, and intact. The patient currently resides alone in a single-story home, with her daughter providing daily assistance. She ambulates with a rollator and has been educated on fall prevention strategies, leg elevation, medication compliance, and a home exercise program (HEP) consisting of straight leg raises, hip abduction/adduction, long arc quads, and heel/toe raises. Occupational therapy (OT) evaluation reveals decreased standing balance, tolerance, bilateral upper extremity strength, and activity endurance leading to impaired independence in self-care, transfers, and mobility. Her daughter notes that the ORIF is not fully healed, and the patient must be cautious with all activities. Skilled OT services are recommended to address current functional deficits and support the patient's safe return to prior levels of independence.
 Date of Order 09/25/2025 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Alyssa Mathew
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1144640269

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 : 07/21/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/12961

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
381044208	07/31/2025	From: 09/29/2025 To: 11/27/2025	15858	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Roseanne Mergler 1114 Orems Rd, Middle River, MD 21220- 215-713-8457	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

07/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Paroxysmal 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 - SN Notes: PT Eval Notes: OT Eval Notes: 4 - Recertification Notes: The patient is being recertified due to atrial fibrillation (Afib) and generalized weakness.
 Physician Mathew, Alyssa

SN Careplans

SN WK3: 1 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25)

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: 10. None of the above

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: open sores/lesions, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Other - Sacrum -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, monitor intake & output

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 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, * 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 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, * low-fat diet lifestyle modifications to manage esophageal condition, 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, * 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

SN Goals

PATIENT-STATED GOAL: To be independent again

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

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/25/2025