Home Health Certification and Plan of Care

Order ID: 1150/12981

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3GF5MM8CY62	10/04/2025	From: 10/04/2025 To: 12/01/2025	18022	217058

6. Patient's Name and Address
Donna Broadus
3112 Royston Ave,
BALTIMORE, MD 21214-
443-814-7335

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 07/07/1967 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.018D	Oth fracture of first lum vertebra subs for fx w routn heal	10/04/25
13. ICD	**Other Pertinent Diagnoses**	**Date**
S32.028D	Oth fx second lum vertebra subs for fx w routn heal	10/04/25
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	10/04/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/04/25
N18.6	End stage renal disease	10/04/25
D63.1	Anemia in chronic kidney disease	10/04/25
E87.5	Hyperkalemia	10/04/25
R13.10	Dysphagia unspecified	10/04/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	10/04/25
R19.09	Other intra-abdominal and pelvic swelling mass and lump	10/04/25
Z99.2	Dependence on renal dialysis	10/04/25
Z79.4	Long term (current) use of insulin	10/04/25
Z79.82	Long term (current) use of aspirin	10/04/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/04/25
Z86.718	Personal history of other venous thrombosis and embolism	10/04/25
Z91.81	History of falling	10/04/25

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

Hydralazine - Hydralazine Hydrochloride 100 MG, take 1 tablet by mouth once a day blood pressure
Nifedipine - Nifedipine 90 mg 90 MG, Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day
blood pressure
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 5 MG, Take 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for Muscle Spasm
Ondansetron - Ondansetron 4 mg 4mg; 1 tab by mouth every 8 hours as needed for nausea
Carvedilol - Carvedilol 25 mg 25 mg, Take 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours
HTN/BLOOD PRESSURE
Aspirin 81Mg - Aspirin Take 81 mg, Tablet by mouth as necessary 81 mg by mouth
prophyactic

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
no bp left arm, walker precautions, , , diabetic precautions, , ambulates with device, ,

16. Nutrition:
cardiac diet, renal diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., 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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Other Fracture Of First Lumbar Vertebra Subsequent Encounter For Fracture With Routine Healing, 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 58-year-old female recently admitted to home health services following hospitalization for fractures of the right transverse processes at L1 and L2 sustained after a mechanical fall on her back. Her hospital course was complicated by missed dialysis sessions for one week, resulting in hypertensive emergency and acute respiratory failure with hypoxia. Past medical history includes type 2 diabetes mellitus (last A1C 5.2%), essential hypertension, end-stage renal disease (ESRD) on hemodialysis three times weekly (Monday, Wednesday, Friday), history of cerebrovascular accident (CVA) with right-sided weakness, deep vein thrombosis (DVT), hyperkalemia, anemia, dysphagia, and pelvic swelling with mass. The patient currently resides with her daughter and grandson in a two-story home, with five steps and a railing at the entrance and bedroom and bathroom located on the second floor. Her daughter assists with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). During assessment, the patient was alert and oriented 3, denied shortness of breath, and reported fair appetite. Lung auscultation revealed diminished breath sounds bilaterally at the lower lobes. Last bowel movement was on Thursday; the patient voids without difficulty. The left arm arteriovenous fistula was positive for bruit and thrill. She reports decreased endurance and ambulates using a rollator for safety. Observed ambulation included 30 feet on the first floor with supervision and 15 feet 2 on the second floor without a device while reaching for objects. The patient can ascend and descend 14 steps with a handrail and supervision. Bed mobility is independent, and transfers to the bed, toilet, and chair are completed with supervision. Skilled nursing reviewed all prescribed medications, verifying dosage, frequency, and relevant side effects. Education was provided on the importance of medication adherence and consistent dialysis attendance; the patient verbalized understanding. Physical therapy initiated sitting and standing therapeutic exercises, including knee flexion, hip abduction, hip extension, plantarflexion, squats, seated knee extension, and ankle pumps, with good tolerance of five repetitions each. The patient was educated on fall prevention strategies, including removing powder from the bedroom floor and using a mobility device consistently on the second floor. The patient remains homebound due to significant effort required to leave the home and impaired balance, as evidenced by a Tinetti score of 14/28. Continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> are planned for medication management, monitoring of dialysis adherence, respiratory assessment, and reinforcement of safety education. Ongoing physical and occupational therapy will focus on strengthening, endurance training, and balance improvement to promote functional independence and reduce fall risk. <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 10/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Brian Borntrager
1111 N Charles St
Baltimre, MD 21201
PHONE: 4108372050 FAX: 18666290091 NPI: 1689455545

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 : 09/15/2025

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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style="font-size: 14px;">
 Date of Order 10/04/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adls due to Other Fracture Of First Lumbar Vertebra Subsequent Encounter For Fracture With Routine Healing 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 dialysis M,W,F PT Eval Notes: Dialysis MWF Physician Borntrager, Brian

SN Careplans

SN WK1: 1 (10/04/25-10/04/25) ,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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited strength, limited endurance, balance deficit

PROCEDURES: Pain management: Assess pain each visit , Medication Review: Review all medications each visit, cough/deep breathing exercises

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, * 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion. Sitting knee extension, ankle pumps , Safety in home . Using device. No powder on floor, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, 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

PT Goals

PATIENT-STATED GOAL: Walk independently without pain with a device

GOALS
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

Sit to Stand - 04. Supervision or touching assistance

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

Car Transfer - 04. Supervision or touching assistance

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/04/2025