Home Health Certification and Plan of Care

Order ID: 1150/13019

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
21327749	10/05/2025	From: 10/05/2025 To: 12/02/2025	18180	217058

6. Patient's Name and Address

Dejuana Armstrong
5205 Eastbury Road Apt G,
BALTIMORE, MD 21206-
667-391-3065

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 12/30/1981 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	10/05/25

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	10/05/25
D63.1	Anemia in chronic kidney disease	10/05/25
K72.00	Acute and subacute hepatic failure without coma	10/05/25
D57.3	Sickle-cell trait	10/05/25
Z79.82	Long term (current) use of aspirin	10/05/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/05/25

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

BictegravirEmtricitabine-Tenofovir Alafenamide (BIKTARVY) 50-200-25 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Coreg - Carvedilol 12.5 mg, Take 1 tablet by mouth twice a day Take 1 tablet (12.5 mg total) by mouth 2 (two) times daily
Aspirin 81Mg - Aspirin 81 mg, Take 1 tablet by mouth once a day Take 1 tablet (81 mg total) by mouth daily.
Adalat Cc - Nifedipine 60 mg, Take 1 tablet by mouth once a day Take 1 tablet (60 mg total) by mouth daily.
Bactrim - Sulfamethoxazole: Trimethoprim 400-80 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily.
Vitamin B Complex-Vit C-FA (FULL SPECTRUM B - VITAMIN C) 0.8 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily.

14. DME and Supplies:

walker

15. Safety Measures:

bleeding precautions, walker precautions, transfer with assist, standard precautions, medication safety, fall precautions, emergency phone # clearly displayed, cardiac precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

4gm sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Legally Blind, Ambulation, Endurance

18.B. Activities Permitted

Walker, Up As Tolerated

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 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease, 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: <p class="MsoNoSpacing">The patient, a 43-year-old female, was referred to home health care services following hospitalization due to complications related to end-stage renal disease (ESRD). She resides in a single-level apartment with her daughters, who assist with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, medication management, shopping, and errands. The patient has a new right subclavian catheter for hemodialysis scheduled on Monday, Wednesday, and Friday. She denies incontinence and reports no pain, with intact skin noted on assessment. The patient is deconditioned and ambulates with a walker and supervision. Physical and occupational therapy evaluations have been ordered, and home health nursing visits are recommended once weekly, with the next scheduled visit on Thursday. The patient was hospitalized after a fall and diagnosed with a transient ischemic attack (TIA) and acute hepatic failure, which subsequently led to ESRD requiring dialysis. She has a history of anemia and falls. Prior to admission, she was independent in most activities but used public transportation. Currently, she ambulates indoors with supervision, using a cane for short distances with moderate difficulty and decreased bilateral step length. Transfers and bed mobility require supervision, and a commode has been placed for safety. The patient exhibits moderate visual deficits impacting her balance and has a Tinetti score of 14/28, indicating a high fall risk and homebound status. She would benefit from home therapy to improve strength and balance and is

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Salima Conteh
4920 Campbell Blvd
Nottingham, MD 21236
PHONE: 4109337600 FAX: NPI: 1154907780

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 : 09/08/2025

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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recommended to see an eye doctor promptly. Notably, the patient was unable to close her eyes while standing during assessment.<o:p></o:p>   <o:p></o:p> Date of Order<o:p></o:p> 10/05/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/08/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA DX: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Conteh, Salima

SN Careplans

SN WK1: 2 (10/05/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) ,WK7: 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: 1. Rarely or not at all

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, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited endurance, limited strength, muscle weakness, weak hand grips, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired

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, * 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, * dietary modifications for liver disorder, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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's living environment is clean/uncluttered

SN Goals

PATIENT-STATED GOAL: I want to feel better

GOALS
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
* dietary modifications for liver disorder
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (10/05/25-10/11/25) ,WK2: 2 (10/12/25-10/18/25) ,WK3: 2 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 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, squats. Sitting knee extension, ankle pumps , gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

PT Goals

PATIENT-STATED GOAL: Ambulate independently on all surfaces

GOALS
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

Sit to Stand - 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/05/2025

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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	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 3 of 3
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