Home Health Certification and Plan of Care

Order ID: 1150/13058

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36851847	10/06/2025	From: 10/06/2025 To: 12/03/2025	17912	217058

6. Patient's Name and Address

Marsha Branch -Corbin
529 N. Robinson Street,
BALTIMORE, MD 21205-
443-857-2163

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 01/07/1952 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D50.9	Iron deficiency anemia unspecified	10/06/25

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	10/06/25
E11.9	Type 2 diabetes mellitus without complications	10/06/25
I11.0	Hypertensive heart disease with heart failure	10/06/25
I50.32	Chronic diastolic (congestive) heart failure	10/06/25
J96.11	Chronic respiratory failure with hypoxia	10/06/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/06/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/06/25
I89.0	Lymphedema not elsewhere classified	10/06/25
E78.5	Hyperlipidemia unspecified	10/06/25
G31.84	Mild cognitive impairment of uncertain or unknown etiology	10/06/25
K63.5	Polyp of colon	10/06/25
Z99.81	Dependence on supplemental oxygen	10/06/25
Z79.01	Long term (current) use of anticoagulants	10/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/06/25
Z79.82	Long term (current) use of aspirin	10/06/25

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

Oxygen - Oxygen 3 Litres nasal cannula continuous home 02 3L NC
Eliquis - Apixaban 5 mg, take 1 tablet by mouth twice a day Take 1 tablet (5 mg total) by mouth 2 (two) times daily.
Bumex - Bumetanide 2 mg , Take 1 tablet by mouth once a day Take 1 tablet (2 mg total) by mouth daily
fluticasone-umeclidin-vilanter (Trelegy Ellipta) Take 200-62.5-25 mcg inhalant as necessary Inhale into the lungs.
Singulair - Montelukast Sodium 10 mg , take 1 tablet by mouth at bedtime take 1 tablet (10 mg) by mouth nightly
Aldactone - Spironolactone 50 mg , take 1 tablet by mouth once a day take 1 tablet 50 mg by mouth once daily
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 324 mg, take 1 tablet by mouth every other day Take 1 tablet by mouth every other day
Catapres - Clonidine Hydrochloride 0.3 mg, Take 1 Tablet by mouth twice a day Take 1 tablet (0.3 mg total) by mouth 2 (two) times daily with meals. Pt understands
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day Take 1 tablet (40 mg total) by mouth daily for cholesterol
Norvasc - Amlodipine Besylate 10 MG, take 1 tablet by mouth once a day Take 1 tablet (10 mg total) by mouth daily
Toprol-Xl - Metoprolol Succinate 25 mg, Take 1 tablet by mouth once a day take 1 tablet (25 mg) by mouth daily
Aspirin 81Mg - Aspirin 81 mg , Take 1 Tablet by mouth once a day Take 1 tablet (81 mg total) by mouth daily. "For my heart"
Aricept - Donepezil Hydrochloride 10 mg , take 1 tablet by mouth at bedtime take 1 tablet 10 mg by mouth nightly for dementia
Albuterol Inhaler - Albuterol Take 90 mcg inhaler (2 puff) inhalant every 4 hours Inhale 2 puffs into the lungs every 4 (four) hours as needed for Shortness of Breath or Wheezing. "I take it when I need it"
Glucotrol Xl - Glipizide 10 MG, Take 1 Tablet by mouth once a day Take 1 tablet (10 mg total) by mouth daily. For cholesterol
Incruse Ellipta - Umeclidinium Bromide take 62.5 mcg , inhale 1 puff inhalant once a day inhale 1 puff into the lungs once daily. As needed for SOB
Apresoline - Hydralazine Hydrochloride 50 mg , take tablet by mouth every 8 hours take 50 mg Q8H. I take it 2x a day
Nystop - Nystatin 1 Application topical twice a day apply 1 application topically 2 times daily.i use it when there's a flare up

14. DME and Supplies:

bath bench, walker, cane

15. Safety Measures:

walker precautions, , diabetic precautions, ambulates with device, ambulates with assistance, , cardiac precautions, bathroom safety, , hand rails, restricted ROM, smoke detectors ,

16. Nutrition:

high calorie, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance

18.B. Activities Permitted

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

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 of Iron Deficiency Anemia Unspecified, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Doreen Bannerman
301 St Paul Pl
Batimore, MD 21202
PHONE: 4103324291 FAX: 14103324421 NPI: 1528763729

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 : 09/24/2025

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: 1150/13058

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36851847	10/06/2025	From: 10/06/2025 To: 12/03/2025	17912	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Marsha Branch -Corbin 529 N. Robinson Street, BALTIMORE, MD 21205- 443-857-2163	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 73-year-old female evaluated at home for her initial skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. She was alert and oriented to person, place, and time, pleasant, and cooperative throughout the visit. The patient lives alone in her townhome and receives regular support from her niece and sons, who assist with errands, appointments, and routine check-ins. Her daughter also serves as a caregiver and reports that the patient requires frequent reminders as she does not always recall previous <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh>, suggesting possible mild cognitive decline. Despite this, the patient demonstrated good comprehension and appropriate recall during the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Her medical history is significant for chronic obstructive pulmonary disease (COPD), hypertension, type 2 diabetes mellitus, hyperlipidemia, iron-deficiency anemia, and possible early dementia. She has been on continuous oxygen therapy at 2 liters per minute via nasal cannula since 2020 and reports persistent shortness of breath even with oxygen in use, particularly during exertion. The patient ambulates with a cane and uses a mechanical stair lift to access her bedroom, which was also installed in 2020. She stated that her pulse rate tends to run low, approximately 47 beats per minute. She experiences limited endurance and low activity tolerance, finding it taxing to complete her activities of daily living (ADLs). During the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient appeared well-groomed and in no acute distress. Oxygen was in place at 2 LPM via nasal cannula. She exhibited +2 pitting edema bilaterally in the feet and became mildly dyspneic with exertion during the visit. She denied chest pain, dizziness, or headache at rest. The patient reported chronic constipation, with bowel movements occurring about once weekly, without straining or passing hard stools. She declined recommendations for over-the-counter laxatives such as Senna due to concerns of causing loose stools, stating she is comfortable with her current bowel pattern. A medication review was attempted; however, the patient reported most prescription bottles were empty pending refill delivery. She declined to retrieve the bottles but was able to recall several medications, their purposes, and dosing frequencies from memory, demonstrating partial understanding. The nurse encouraged a thorough medication reconciliation and teaching at the next visit to reinforce understanding and adherence. Education was provided on the safe and consistent use of supplemental oxygen, emphasizing the importance of maintaining the prescribed flow rate and avoiding self-adjustments without provider direction. Additional teaching included dietary guidance for COPD, diabetes, and hyperlipidemia management, as well as recommendations for increased hydration and fiber intake to promote bowel regularity. The patient was informed that an occupational therapist would be contacting her to schedule a home safety and functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, to which she verbalized understanding and agreement. Ongoing skilled nursing follow-up is recommended to monitor respiratory function, oxygen safety, medication adherence, bowel habits, and overall functional status, as well as to provide continued education and support for chronic disease management.
 Date of Order 10/06/2025 Orders Physician Face-to-Face Date: 09/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management OT eval and treat due to Iron Deficiency Anemia Unspecified 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 OT Eval Notes:
 Physician Bannerman, Doreen

SN Careplans

SN WK1: 1 (10/06/25-10/11/25) ,WK2: 2 (10/12/25-10/18/25) ,WK3: 2 (10/19/25-10/25/25) ,WK4: 2 (10/26/25-10/30/25)

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: 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: M1745 - Behavioral Issues, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling in the arms/legs, weak pulses in feet, dependent edema, constipation, poor muscle tone, limited endurance, balance deficit, B1000 - Vision Deficit, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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 transportation needs are met, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "To not get short of breath so too quickly";"To not get short of breath too quickly"

GOALS
patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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 transportation needs are met

patient is adequately supervised

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/06/2025

Home Health Certification and Plan of Care

Order ID: 1150/13058

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36851847	10/06/2025	From: 10/06/2025 To: 12/03/2025	17912	217058

6. Patient's Name and Address
Marsha Branch -Corbin
529 N. Robinson Street,
BALTIMORE, MD 21205-
443-857-2163

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK1: 1 (10/06/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-10/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, 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, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, 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, 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 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, Medication review , Medication review

OT Goals

PATIENT-STATED GOAL: Improve lung capacity

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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

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

Medication review

Medication review

Signature of Physician:

Date

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

Date
10/06/2025