Home Health Certification and Plan of Care

Order ID: 1150/13360

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30932361510	10/02/2025	From: 10/02/2025 To: 11/30/2025	6483	217058

6. Patient's Name and Address
Tannis Hooker
1050 E 33rd St Apt 214,
BALTIMORE, MD 21218-
443-955-9216

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 09/22/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/02/25

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	10/02/25
F31.9	Bipolar disorder unspecified	10/02/25
I10.	Essential (primary) hypertension	10/02/25
N89.8	Other specified noninflammatory disorders of vagina	10/02/25
R26.81	Unsteadiness on feet	10/02/25
Z79.01	Long term (current) use of anticoagulants	10/02/25
Z99.2	Dependence on renal dialysis	10/02/25
Z86.718	Personal history of other venous thrombosis and embolism	10/02/25

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

Allopurinol - Allopurinol 100 mg, take 1 tablet by mouth once a day for 90 days
Depakote Er - Divalproex Sodium 500 MG, TAKE 1 TABLET by mouth at bedtime FOR 90 DAYS
Atorvastatin - Atorvastatin Calcium 10 mg, take 1 tablet by mouth once a day FOR 90 DAYS
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5000 UNITT), TAKE 1 TABLET by mouth once a day FOR 90 DAYS
Nephro-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0.8 MG, TAKE 1 TABLET by mouth twice a day FOR 90 DAYS
Fish Oil - Cod Liver Oil 1,000 MG (120 MG - 180 MG), TAKE 1 CAPSULE by mouth once a day FOR 90 DAYS
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 mg, Take 1 tablet by mouth once a day FOR 90 DAYS for supplement
Vraylar - Cariprazine Hydrochloride 3.0 mg by mouth once a day For bipolar with depression
Renvela - Sevelamer Carbonate 800 mg 2 tabs by mouth three times a day 2 tabs with each meal and one tab with snacks
Miralax - Polyethylene Glycol 3350 17 GRAM, TAKE 1 PACKET by mouth once a day FOR 30 DAYS constipation
Tramadol - Tramadol Hydrochloride 50 mg by mouth threee times per week Prn for pain prior to dialysis
Trazadone - Trazodone Hydrochloride 50 mg by mouth at bedtime Insomnia prn
Lamotrigine - Lamotrigine 150 mg 100 mg, take 1 tablet by mouth in the morning for 90 days
Lasix - Furosemide 80 mg 40mg by mouth four times per week On non dialysis days for fluid retention

14. DME and Supplies:
rolling walker, reacher, hand held shower, grab bars, diabetic supplies, cane, bath bench, 4 wheeled walker

15. Safety Measures:
remove environmental barriers, , electrical safety measures, diabetic precautions, , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
renal diet

17. Allergies:
abilify haldol zyprexa

18.A. Functional Limitations
Ambulation, Endurance, Balance, tremors

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Diabetic Chronic Kidney 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: The patient is a 74-year-old man with end-stage renal disease on hemodialysis who recently had an uncomplicated right chest port exchange for dialysis (no hospitalization). His past medical history is significant for diabetes mellitus, hypertension, bipolar disorder, prior deep vein thrombosis, recurrent falls, and upper-extremity tremors. He demonstrates limited lower-extremity extension (noted as approximately <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-4 CE-FMS-%E2%88%92"></mh>20 of extension at hips and knees) and reports hamstring discomfort with ambulation. The patient lives alone in an elevator-accessible apartment and receives 38 hours/week of aide support. During today's visit he was alert and cooperative and ambulated indoors 30 feet 2 with a rollator and supervision; bed mobility and transfers to bed, chair, and toilet require supervision. A Tinetti Balance and Gait score of 14/28 indicates moderate fall risk and supports homebound status due to the taxing effort required to leave home. He tolerated five repetitions of therapeutic exercises (supine hip flexion, bridging, hook-lying rotation, straight leg raise, hip abduction, seated knee extensions, and ankle pumps) during the visit. There is no documentation of vital signs or current <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-13 CE-FMS-medication%20list">medication list</mh> in the assessment provided. The plan is to initiate home physical

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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 : 09/22/2025

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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therapy to improve lower-extremity range of motion, strength, and functional mobility, continue supervision and fall-risk mitigation in the home environment, coordinate dialysis-port care with skilled nursing as needed, and monitor pain/hamstring symptoms; patient and aide were instructed on activity pacing, safe transfer techniques, and to report any new drainage, increased pain, shortness of breath, or changes in functional status.
 Date of Order 10/02/2025 Orders Physician Face-to-Face Date: 09/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus W Diabetic Chronic Kidney Disease 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 - PT Notes: soc PT FU Eval Notes: Physician Tansinda, James

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/02/2025 - 10/04/2025), WK3: 2 (10/12/2025 - 10/18/2025), WK4: 2 (10/19/2025 - 10/25/2025), WK5: 2 (10/26/2025 - 11/01/2025), WK6: 2 (11/02/2025 - 11/08/2025), WK7: 2 (11/09/2025 - 11/15/2025), WK8: 2 (11/16/2025 - 11/22/2025), WK9: 2 (11/23/2025 - 11/27/2025)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130C1 - Toileting Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited endurance, muscle weakness, Pain Effect on Sleep, balance deficit, involuntary movement of extremity, Pain Interference with ADLs, obesity, #1 - Other - Anterior Right Upper Chest - Right upper chest port for dialysis.

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Stretching to bilateral hamstring , cough/deep breathing exercises, 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, equipment training, 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home,

PT Goals

PATIENT-STATED GOAL: Walk independently without pain using a rollator

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

Toilet Transfer - 06. Independent

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

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

caregiver performs medical/rehabilitation treatments with adequate competence

Car Transfer - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

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

Sit to Stand - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Eating - 06. Independent

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/02/2025

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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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * 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, caregiver performs medical/rehabilitation treatments with adequate competence, 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 - 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 - 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, Picking Up Object - 04. Supervision or touching assistance

* 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

Lower Body Dressing - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

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
* 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

Toileting Hygiene - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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