Home Health Certification and Plan of Care

Order ID: 1150/13327

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39177008	10/11/2025	From: 10/11/2025 To: 12/08/2025	18353	217058

6. Patient's Name and Address

Barbara Brewer
2606 Jefferson Street,
BALTIMORE, MD 21205-
443-599-6884

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 10/11/1950 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	10/11/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/11/25
N18.31	Chronic kidney disease stage 3a	10/11/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/11/25
I70.0	Atherosclerosis of aorta	10/11/25
I44.7	Left bundle-branch block unspecified	10/11/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/11/25
E78.2	Mixed hyperlipidemia	10/11/25
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	10/11/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/11/25
Z95.1	Presence of aortocoronary bypass graft	10/11/25
Z95.2	Presence of prosthetic heart valve	10/11/25
Z79.01	Long term (current) use of anticoagulants	10/11/25
Z79.82	Long term (current) use of aspirin	10/11/25

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

Lipitor - Atorvastatin Calcium eq 80 mg base Take 80 mg, tablet by mouth once a day Take 80 mg by mouth daily.
cholesterol
Metoprolol Tartrate - Metoprolol Tartrate 100 mg take 100 mg, tablet by mouth twice a day 100 mg, Oral, 2 times daily
a fib
Aspirin 81Mg - Aspirin take 81 mg, tablet by mouth once a day 81 mg, Oral, 1 time daily
prophylactic
Coumadin - Warfarin Sodium 5 mg take 5 mg, 1/2 tablet by mouth once a day Mechanical
AVR; INR goal: 2.5-3.5
Flonase - Fluticasone Propionate 50 MCG/ACT nasal spray Nasal once a day 2 sprays, Each Nare, 1-time daily PRN allergies
Zestril - Lisinopril 20 mg take 20 mg, tablet by mouth once a day 20 mg, Oral, 1 time daily
blood pressure
Cordarone - Amiodarone Hydrochloride 200 mg 200 MG, Take 1 tablet by mouth once a day 1 tablet daily
a fib

14. DME and Supplies:

None of the above

15. Safety Measures:

standard precautions, fall precautions, bleeding precautions, medication safety, anticoagulant precautions

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

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: 0. Never, 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: 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 Unspecified 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 adult male recently admitted as an inpatient with a diagnosis of atrial fibrillation with rapid ventricular response (A-fib with RVR), status post cardioversion. His past medical history is significant for mechanical mitral valve replacement (MVR), coronary artery disease (CAD), hypertension, status post coronary artery bypass grafting (CABG) in June 2013 with ligation of the left atrial appendage, ascending thoracic aortic ectasia measuring 4.3 cm, chronic atrial fibrillation on warfarin therapy, chronic kidney disease (CKD) stage 3, urge incontinence, mild liver cirrhosis, cerebrovascular accident (CVA) without residual deficits in December 2019, and bronchiectasis. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented times three, denies pain or shortness of breath, and reports decreased endurance but overall good appetite. Lung sounds are clear bilaterally, with no edema noted. Last bowel movement occurred yesterday, and the patient ambulates without the use of assistive devices. He is currently on warfarin 5 mg, taking half a tablet daily, with a target INR range of 2.5-3.5. His next PT/INR lab draw is scheduled for next week. The patient was also recently initiated on amiodarone following cardioversion. The skilled nurse reviewed all prescribed medications, including their indications, dosages, frequencies, and potential side effects. Education was provided regarding the signs and symptoms of bleeding-such as unusual bruising, dark stools, hematuria, or prolonged bleeding-and the importance of adhering strictly to the prescribed medication regimen, particularly anticoagulation therapy. The patient verbalized understanding of all instructions provided. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> for weekly laboratory monitoring, medication management, and ongoing education related to disease process management, cardiac health, and anticoagulation safety. The patient demonstrates good comprehension and motivation to participate in his care, and continued monitoring will focus on maintaining therapeutic INR levels, promoting endurance, and preventing complications.
 Date of Order 10/11/2025 Orders Physician Face-to-Face Date: 10/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Unspecified 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: soc Physician Varkey, Mary

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mary Varkey
1447 York Rd
Lutherville, MD 21093
PHONE: 410-847-3000 FAX: 18554160890 NPI: 1922005131

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 : 10/07/2025

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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SN WK1: 1 (10/11/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, M1610 - Urinary Incontinence, limited endurance

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, bladder training, venipuncture: SN TO OBTAIN WEEKLY PT/INR VIA VENIPUNCTURE. DROP OFF AT KAISER. SEND RESULTS PCP AND KAISER ANTICOAGULATION CLINIC. INR GOAL 2.5-3.5.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: 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 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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
* how to take the patient's blood pressure
* record the reading
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/11/2025