Home Health Certification and Plan of Care

Order ID: 1150/13309

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91154724	10/17/2025	From: 10/17/2025 To: 12/14/2025	18430	217058

6. Patient's Name and Address

Robin Dilworth
1705 Philadelphia Rd,
JOPPA, MD 21085-
410-679-1560

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 02/15/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I70.1	Atherosclerosis of renal artery	10/17/25

13. ICD	Other Pertinent Diagnoses	Date
I15.0	Renovascular hypertension	10/17/25
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	10/17/25
I50.9	Heart failure unspecified	10/17/25
N18.6	End stage renal disease	10/17/25
D63.1	Anemia in chronic kidney disease	10/17/25
I69.398	Other sequelae of cerebral infarction	10/17/25
H53.461	Homonymous bilateral field defects right side	10/17/25
I69.320	Aphasia following cerebral infarction	10/17/25
I69.322	Dysarthria following cerebral infarction	10/17/25
I48.0	Paroxysmal atrial fibrillation	10/17/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/17/25
I73.9	Peripheral vascular disease unspecified	10/17/25
I49.5	Sick sinus syndrome	10/17/25
M06.9	Rheumatoid arthritis unspecified	10/17/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/17/25
M79.7	Fibromyalgia	10/17/25
D84.9	Immunodeficiency unspecified	10/17/25
E78.5	Hyperlipidemia unspecified	10/17/25
M19.90	Unspecified osteoarthritis unspecified site	10/17/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/17/25
E44.0	Moderate protein-calorie malnutrition	10/17/25
I25.2	Old myocardial infarction	10/17/25
Z79.01	Long term (current) use of anticoagulants	10/17/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	10/17/25

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

Pacerone - Amiodarone Hydrochloride 400 MG, Take 1 tablet by mouth once a day
Cordarone - Amiodarone Hydrochloride 200 MG, Take 1 tablet by mouth once a day
Vitamin D - Ergocalciferol 25 MCG (1000 UT) tablet, Take 1,000 Units by mouth once a day
Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 MG, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily before dinner.
Metoprolol Tartrate - Metoprolol Tartrate 25 MG, Take 2 tablets by mouth twice a day
Tylenol - Acetaminophen 500 MG, Take 2 tablets by mouth every 8 hours Take 2 tablets by mouth every 8 hours as needed.
Eliquis - Apixaban 5 MG, Take 1 tablet by mouth twice a day Note:Therefore, cannot take dabigatran
Lipitor - Atorvastatin Calcium 40 MG,Take 40 mg tablet by mouth at bedtime
Plavix - Clopidogrel Bisulfate 75 mg,Take 75 mg tablet by mouth once a day
Cardura - Doxazosin Mesylate 8 MG, Take 8 mg tablet by mouth once a day
Cymbalta - Duloxetine Hydrochloride 60 mg capsule, Take 60 mg by mouth once a day
Apresoline - Hydralazine Hydrochloride 100 MG,Take 1 tablet by mouth three times a day
Procardia Xl - Nifedipine 90 mg, Take 90 mg tablet by mouth once a day
Nitrostat - Nitroglycerin 0.4 mg ,Place 0.4 mg under the tongue by mouth as necessary Place 0.4 mg under the tongue every 5 min as needed for Chest Pain.
Renvela - Sevelamer Carbonate 800 MG, Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times daily with meals.
Cyanocobalamin - Cyanocobalamin 1000 MCG, Take 1,000 mcg tablet by mouth once a day
Amjevita - Adalimumab-Atto 40 mg, Take 40 mg tablet by mouth once a day 40 mg, every 14 days
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 MG,Take 1 capsule by mouth once a day

14. DME and Supplies:

cane, commode, bath bench, rolling walker

15. Safety Measures:

activity supervision, cardiac precautions, transfer with assist, , ambulates with assistance, ambulates with device,

16. Nutrition:

cardiac diet!renal diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Hearing

18.B. Activities Permitted

Walker, Cane, 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: 1. Rarely, 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Atherosclerosis Of Renal Artery, 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 75-year-old female with a significant past medical history that includes congestive heart failure (CHF), end-stage renal disease (ESRD) on hemodialysis three times weekly (Monday, Wednesday, and Friday), obstructive sleep apnea, and a prior cerebrovascular accident (CVA) resulting in hemiparesis and aphasia. She was recently hospitalized for cardiac overload and is now recovering at home, where she resides with her spouse in a single-family residence. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrates a slow, unsteady gait with limited floor clearance and requires assistance with transfers, ambulation, and activities of daily living (ADLs). She fatigues easily with minimal exertion, consistent with her underlying cardiac and renal conditions. Ongoing support from her spouse is essential for mobility and safety. The plan of care includes continued monitoring of her cardiovascular status, coordination of dialysis treatments, and reinforcement of fall-prevention strategies within the home. Education was provided to both the patient and spouse on the importance of pacing activities, maintaining hydration as permitted by renal status, adhering to prescribed medications and dietary restrictions, and promptly reporting any symptoms of fluid overload or respiratory distress. Continued interdisciplinary collaboration, including nursing and physical therapy support, is recommended to optimize functional independence and prevent complications.
 Date of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 410-328-8792 FAX: 14103280716 NPI: 1013976091

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 : 10/09/2025

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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Order 10/17/2025 Orders Physician Face-to-Face Date: 10/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Atherosclerosis Of Renal Artery 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 OT Eval Notes:
 Physician Davis, Stephanie

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/17/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 2 (10/26/25-11/01/25) ,WK4: 2 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25)

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, 8. Currently reports exhaustion

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, muscle weakness, weak hand grips, impaired speech, balance deficit, B0200 - Hearing Deficit

PROCEDURES: Medication Review: The medication was reviewed with the patient and spouse, cough/deep breathing exercises, incentive spirometer, monitor intake & output, home exercise program: SLR, LE ABD/ADD, LONG ARC , MARCHING AND HEEL RAISES--10X2 REPS, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * exercises to recover speech function, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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 hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 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
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/17/2025

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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

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

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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