Home Health Certification and Plan of Care

Order ID: 1150/13602

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
861298147	11/01/2025	From: 11/01/2025 To: 12/29/2025	18444	217058

6. Patient's Name and Address

Debrah Middleton Lane
7408 Marston Rd,
GWYNN OAK, MD 21207-
443-924-9448

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 09/07/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/01/25

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	11/01/25
N18.30	Chronic kidney disease stage 3 unspecified	11/01/25
J43.9	Emphysema unspecified	11/01/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/01/25
I48.0	Paroxysmal atrial fibrillation	11/01/25
F43.21	Adjustment disorder with depressed mood	11/01/25
F51.01	Primary insomnia	11/01/25
M06.9	Rheumatoid arthritis unspecified	11/01/25
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	11/01/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/01/25
M79.7	Fibromyalgia	11/01/25
M10.9	Gout unspecified	11/01/25
K44.9	Diaphragmatic hernia without obstruction or gangrene	11/01/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/01/25
F32.9	Major depressive disorder single episode unspecified	11/01/25
I35.1	Nonrheumatic aortic (valve) insufficiency	11/01/25
E66.01	Morbid (severe) obesity due to excess calories	11/01/25
Z68.43	Body mass index [BMI] 50.0-59.9 adult	11/01/25
Z99.81	Dependence on supplemental oxygen	11/01/25

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

Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 50 mg ,Take 50 mg tablet by mouth once a day BLOOD PRESSURE/A-FIB
Methocarbamol - Methocarbamol 500 mg 500 MG tablet,Take 1 tablet by mouth twice a day for pain and stiffness, taken as 1 tablet every 8 hours as needed.
Tramadol Hcl - Tramadol Hydrochloride 50 mg,Take 1 tablet by mouth once a day 50 mg oral tablet, taken every 24 hours as needed for pain.
Furosemide - Furosemide 40 mg 40 MG,Take 1 tablet by mouth once a day 1 tablet by mouth every morning and at bedtime for CHF.
Pregabalin - Pregabalin 200 MG capsule,Take 1 capsule by mouth in the morning 200 MG capsule, 1 tablet every morning and at bedtime for neuropathic pain.
Wixela Inhub (Fluticasone-Salmeterol) 500-50 mcg/act,Take 1 puff inhalant twice a day 1 puff inhaled orally two times a day for COPD.
Oxygen - Oxygen 2 litres per minute nasal cannula continuous o2 @ dl/m. may titrate to keep sats at 92 percent or greater each shift
Albuterol Sulfate - Albuterol Sulfate 10-(90 Base),1 inhalation inhalant every 4 hours 1 inhalation orally every 4 hours as needed for COPD.
Incruse Ellipta - Umeclidinium Bromide 62.5 mcg/act, Take one puff by mouth as necessary 1 puff orally every morning and at bedtime for COPD
Amjevita - Adalimumab-Atto 40mg/0.4 ml autoinjector. Inject 0.4 ml intramuscular every other week Rheumatoid arthritis
Diclofenac Sodium - Diclofenac Sodium 0.1 perc 1 application topical as necessary On joints for pain

14. DME and Supplies:

cane, oxygen supplies, walker

15. Safety Measures:

, , ambulates with device, walker precautions, , , ambulates with assistance, transfer with assist

16. Nutrition:

fluid restriction, 2gm sodium, 1500CC FLUID RESTRICTION

17. Allergies:

codeine losartan lactose

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

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: Yes

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 of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified 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 69-year-old female recently discharged from an inpatient stay following an exacerbation of congestive heart failure (CHF) and complications associated with multiple chronic comorbidities. Her past medical history is significant for CHF with an ejection fraction of 65%, chronic obstructive pulmonary disease (COPD) on 2 L continuous oxygen, chronic atrial fibrillation, hypertension, coronary artery disease (CAD), obstructive sleep apnea (OSA), rheumatoid arthritis (RA), fibromyalgia, obesity, and bilateral lower extremity lymphedema. The patient also reported a recent history of two falls within one week-one incident occurred when she tripped over a carpet sweeper while ambulating to the bathroom and another when she turned to retrieve her phone. She has since had difficulty weight-bearing on her right ankle, which was not evaluated during her hospital stay. On assessment, the patient was alert and oriented 3 and reported bilateral foot and right shoulder pain rated at 8/10, managed with Lyrica. She denied chest pain but reported shortness of breath with exertion. Lung sounds were diminished throughout all fields. She remains on continuous 2 L nasal cannula oxygen. The patient has a good appetite and reported her last bowel movement as occurring yesterday. Bilateral lower extremities are grossly edematous with lymphedema; no open wounds or drainage were observed. She is not currently using compression wraps. The patient ambulates short distances within the home using a rolling walker for safety but demonstrates fatigue and limited endurance. She is unable to weigh herself daily due to mobility restrictions, though a scale is available in the home. Medication reconciliation was completed, and all medications, including Lyrica, Furosemide, and Eliquis, were reviewed for dosage, frequency, indication, and side effects. The patient was educated on medication adherence, monitoring for signs and symptoms of bleeding related to anticoagulant therapy, and the importance of maintaining skin integrity, particularly in the lower extremities. Education was also provided on fall prevention strategies, including keeping walkways clear, using appropriate footwear, and pacing activities to avoid overexertion. The patient verbalized understanding of all instructions. The physical therapy evaluation revealed

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/01/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Naeha Quasba
7141 Security Blvd
Baltimore, MD 21244
PHONE: 410-230-7827 FAX: 1-410-230-7827 NPI: 1609119049

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 : 09/25/2025

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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decreased bilateral lower extremity strength with manual muscle testing at approximately 2-/5. The patient currently requires minimal assistance for transfers and can ambulate only short distances, limited by weakness and pain. Skilled physical therapy is recommended to address deficits in strength, balance, endurance, and safety to promote a return to her prior level of function. The occupational therapy evaluation noted a decline in independence with activities of daily living (ADLs) since the recent falls. The patient is currently using adult incontinence briefs due to inability to reach the bathroom safely when on diuretics. Installation of a bedside commode was recommended to enhance safety and accessibility. The patient will benefit from skilled occupational therapy services at a frequency of 1w1, 2w2, 1w1 to focus on ADL retraining, adaptive equipment education, therapeutic exercises, home exercise program instruction, functional mobility, and safety training. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> (1w1, 2w2, 1w2) to monitor cardiopulmonary status, pain control, medication compliance, and lower extremity edema management, in addition to continued PT and OT interventions. The interdisciplinary goal is to improve the patient's functional mobility, endurance, and self-care ability while reducing fall risk and preventing further hospital readmission.
 Date of Order 11/01/2025 Orders Physician Face-to-Face Date: 09/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified 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 - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Quasba, Naeha

SN Careplans

SN WK1: 1 (11/01/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25)

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: 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, lung sounds not clear, swelling in the arms/legs, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, monitor intake & output

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, * 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, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * 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 journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I WANT TO GET BETTER BECAUSE I HAVE BEEN IN HOSPITAL SO MUCH IN THE LAST YEAR

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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 manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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* 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
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, 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: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

GOALS
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

Sit to Stand - 04. Supervision or touching assistance

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

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Medication Review

OT Careplans

OT WK2: 1 (11/02/25-11/08/25) ,WK3: 2 (11/09/25-11/15/25) ,WK4: 2 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation, strengthening exercises: Theraband: bilateral shoulder flex, and, horizontal abduction/abduction, elbow flexion, extension, theraputty to hands, assist with fall prevention

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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Per SOC note: PATIENT ADMIITED INPATIENT DUE TO MULTIPLE COMORBITIES. PMH INCLUDES CHF, EF 65%; FIBROMYALGIA; OBESITY, HTN, CHRONIC A-FIB; COPD ON 2L O2 CONTINUOUSLY; CAD; OSA AND FALL AT HOME.. PATIENT ALERT AND ORIENTED X3, REPORT FOOT /SHOULDER PAIN AS 8/10; TAKING LYRICA; REPORTS SOB WHEN MOVING AROUND, DECREASED LUNG SOUNDS THROUGHOUT; REPORTS GOOD APPETITE; LBM YESTERDAY; GROSSLY EDEMATOUS FEET; BILATERAL LEG LYMPHEDEMA; NOT USING WRAPS; NO OPEN AREAS NOTED; USING A ROLLING WALKER FOR SAFE AMBULATION . SN REVIEWED ALL MEDICATIONS, DOSE, FREQUENCY AND PERTINENT SIDE EFFECTS; INSTRUCTED ON O2 SAFETY; METICULOUS BLE SKIN INTEGRITY. PATIENT VERBALIZED UNDERSTANDING. OT NOTE: Patient with declInng ADL since she had 2 falls in one week. Falls occurred when she tripped over a carpet sweeper while ambulating to the bathroom and again when she turned around to get her phone. She has had difficulty weightbearing on her right ankle since. she states that she was admitted to the hospital with other medical issues at that time and it was never properly evaluated. Eduacted patient in fall prvention, keeping walkways clear. Pt is on Furosemide and wears Depends as she cannot ambulate back and forth to the bathroom when it is working. Pt could benefit from a bedside commode. pt could benefit from OT 1w1, 2w2, 1w1 for ADL training , adaptive equipment training , therex, HEP, functional mobility training and safety training.;To sleep in the bed instead of the recliner, to cook

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

patient/caregiver recalls

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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 - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

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