Home Health Certification and Plan of Care

Order ID: 1150/13640

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30173991000	11/03/2025	From: 11/03/2025 To: 01/02/2026	18018	217058

6. Patient's Name and Address
Peggy Lipscomb
3813 Howard Park Ave,
GWYNN OAK, MD 21207-
410-382-6759

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 05/06/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/03/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/03/25
N18.9	Chronic kidney disease u	11/03/25
G30.1	Alzheimer's disease with late onset	11/03/25
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	11/03/25
J44.9	Chronic obstructive pulmonary disease unspecified	11/03/25
E78.5	Hyperlipidemia unspecified	11/03/25
E55.9	Vitamin D deficiency unspecified	11/03/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/03/25
K59.00	Constipation unspecified	11/03/25
E87.0	Hyperosmolality and hypernatremia	11/03/25
Z79.82	Long term (current) use of aspirin	11/03/25
Z96.651	Presence of right artificial knee joint	11/03/25
Z87.891	Personal history of nicotine dependence	11/03/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/03/25

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

Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement
Tylenol - Acetaminophen Take 650 mg, tablet by mouth every 8 hours 8 Hour 650 mg tablet, extended release for pain
Atorvastatin - Atorvastatin Calcium Take 40 mg tablet by mouth at bedtime Take 40 mg tablet at bedtime
cholesterol
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mg; 1 tab by mouth once a day supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg (2,000 IU); 1 TAB by mouth once a day SUPPLEMENT
Colace - Docusate Sodium 100mg; 1 tab by mouth once a day bowel regimen
Miralax - Polyethylene Glycol 3350 Take 17 gram (powder) by mouth once a day 17 gram oral powder packet
as needed for constipation
Latanoprost - Latanoprost 0.005 perc 0.005%; 1 drop right eye in the evening glaucoma
Dorzolamide Hydrochloride And Timolol Maleate - Dorzolamide Hydrochloride: Timolol Maleate eq 2 perc base;eq 0.5 perc base 1 drop right eye twice a day glaucoma

14. DME and Supplies:
walker, wheelchair, commode, hospital bed

15. Safety Measures:
transfer with assist, supervision at all times, activity supervision

16. Nutrition:
pureed

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, 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: poor

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 9. Not Applicable

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Chronic Kidney Disease With 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 an 86-year-old female with a significant past medical history including Alzheimer's disease, cerebrovascular accident (CVA), chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), hypertension, dyslipidemia, type 2 diabetes mellitus, osteoarthritis, obstructive sleep apnea, history of urinary tract infections, carpal tunnel syndrome, history of retinal detachment, and prior right knee replacement. She was referred by her primary care provider for skilled nursing, physical therapy, and occupational therapy evaluations due to progressive functional decline and complete dependence in activities of daily living (ADLs). Upon nursing assessment, the patient was nonverbal and drowsy but responsive to voice stimuli. She appeared comfortable and in no acute distress. The patient is bedbound and incontinent of both urine and stool, with the last bowel movement noted on the day of visit. Vital signs were stable. Skin was intact, and caregivers have been diligent with hygiene and repositioning. The patient resides at home with 24-hour paid caregivers and is also closely supervised by her daughter, both of whom are competent and attentive to her needs. Physical therapy evaluation determined that the patient has been non-ambulatory for approximately one year and demonstrates minimal active movement in all extremities. She is completely dependent for transfers and mobility. Given the extent of her cognitive impairment and physical limitations, she is not an appropriate candidate for active skilled physical therapy at this time, as she is unable to follow even one-step commands or participate meaningfully in therapy tasks. Caregivers currently perform passive range of motion exercises and transfer the patient to a wheelchair multiple times daily for positioning and pressure relief. PT recommended the use of a Barton chair to minimize caregiver strain and facilitate safer transfers. Nursing interventions included review of all medications, education on incontinence management, and reinforcement of pressure injury prevention techniques, including frequent repositioning and use of cushioning devices. The daughter and caregivers verbalized full understanding of all instructions. Skilled nursing will continue at a frequency of twice weekly for two weeks, then weekly for two weeks, to monitor the patient's overall condition, ensure caregiver compliance with skin integrity measures, and reinforce ongoing education. Occupational therapy evaluation is pending to assess the need for adaptive equipment and caregiver training to optimize patient comfort and safety in the home environment.
 Date of Order 11/03/2025 Orders Physician Face-to-Face Date: 10/27/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shoaib Hashmi
821 N Eutaw St
Baltimore, MD 21201
PHONE: (410) 383-2072 FAX: 14103830054 NPI: 1821191412

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 : 10/27/2025

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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14px;">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 Hashmi, Shoaib

SN Careplans

SN WK2: 1 (11/09/25-11/15/25) ,WK3: 2 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25)

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: 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

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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, impaired speech, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, venipuncture: WEEK OF 11/3/25. SN TO OBTAIN CMP, LIPID PANEL; CBC WITH DIFF, TSH, VIT D, 25, HYDROXY VIA VENIPUNCTURE. OBTAIN URINALYSIS. STRAIGHT CATH TO OBTAIN URINE. FAX RESULTS TO DR.HASHMI SHOAIB (410) 383-0054.

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 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, * 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, * 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, * 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: want some improvement

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
* 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
* 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
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient is adequately supervised

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

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

caregiver performs medical/rehabilitation treatments with adequate competence

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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (11/03/25-11/08/25)

PT Goals

PATIENT-STATED GOAL: For easier transfers

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/03/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: transfers training

OT Careplans

OT WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: equipment 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, Oral Hygiene - 01. Dependent, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Shower/Bathe Self - 01. Dependent, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 04. Supervision or touching assistance

OT Goals

PATIENT-STATED GOAL: To assist with transfers more (daughter)

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

Oral Hygiene - 01. Dependent

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Shower/Bathe Self - 01. Dependent

Toileting Hygiene - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 04. Supervision or touching assistance

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