Home Health Certification and Plan of Care

Order ID: 1150/13942

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7WA3QR7GG94	09/15/2025	From: 11/13/2025 To: 01/11/2026	4486	217058

6. Patient's Name and Address

Hermin Cox
9 RICHMAR ROAD, APT F,
OWINGS MILLS, MD 21117-
404-234-9190

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 07/12/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	09/15/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/15/25
I50.23	Acute on chronic systolic (congestive) heart failure	09/15/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/15/25
N18.30	Chronic kidney disease stage 3 unspecified	09/15/25
E85.4	Organ-limited amyloidosis	09/15/25
I43.	Cardiomyopathy in diseases classified elsewhere	09/15/25
I48.92	Unspecified atrial flutter	09/15/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/15/25
R10.9	Unspecified abdominal pain	09/15/25
I70.0	Atherosclerosis of aorta	09/15/25
I27.20	Pulmonary hypertension unspecified	09/15/25
M79.7	Fibromyalgia	09/15/25
D64.9	Anemia unspecified	09/15/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/15/25
Z79.82	Long term (current) use of aspirin	09/15/25
Z79.01	Long term (current) use of anticoagulants	09/15/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/15/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/15/25

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

Acetaminophen - Acetaminophen 500mg by mouth every 4-6 hours As needed for pain
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 iu by mouth once a day
Hydralazine - Hydralazine Hydrochloride 10 mg by mouth three times a day For 30 days
Trazadone - Trazodone Hydrochloride 50 mg by mouth at bedtime Sleep aid
Famotidine - Famotidine 20 mg by mouth at bedtime Indigestion/gas
Bumetanide - Bumetanide 2 mg tablet by mouth twice a day
Calcitriol - Calcitriol 0.25mcg 0.25 mg by mouth threee times per week 1 capsule 3x weekly
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 cap by mouth twice a day Blood thinner; 75 mg twice daily
Cymbalta - Duloxetine Hydrochloride 60 mg capsule by mouth once a day Delayed release
Amiodarone - Amiodarone Hydrochloride 400 mg 3x daily by mouth three times a day 400 mg tablet 3x daily for 4 days then 1 tablet once daily
vyndamax 61 mg capsule by mouth once a day 61 mg daily
Ventolin Hfa - Albuterol Sulfate 90mcg by mouth every 4 hours 2 puffs every 4 hours as needed
Alvesco - Ciclesonide 0.08 mg/inh 2 puff by mouth twice a day Respiration

14. DME and Supplies:

commode, bath bench, 4 wheeled walker

15. Safety Measures:

walker precautions, ambulates with device, ambulates with assistance, activity supervision, fall precautions, standard precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

amlodipine cipro diltiazem gabapentin oxycodone pencillins sulfa antibiotics tra

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

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 has participated in physical therapy for the past two months and has made excellent progress toward established goals. Despite these improvements, the patient continues to demonstrate ongoing impairments that warrant continued skilled intervention to further enhance functional mobility, strength, and overall safety.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/12/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/09/2025
 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat 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<o:p></o:p>
 4 - Recertification SN Notes: due to cardiac disease, deconditioning <o:p></o:p> Physician: Emmanuel-Allen, Laura

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 09/09/2025

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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PT Careplans

PT WK1: 6 (11/13/25-11/15/25)

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: WFL

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: constipation, frequent urination, difficulty sleeping

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., apply anti-embolitic stockings, glucose testing via monitor, 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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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's transportation needs are met, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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

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

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Picking Up Object - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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

patient's transportation needs are met

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* diabetic medication management
* blood sugar testing

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
11/12/2025

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* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Walk 150 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
11/12/2025