

Home Health Certification and Plan of Care				Order ID: 1150/14148	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36699800		11/19/2025		From: 11/19/2025 To: 01/17/2026	
4. Medical Record No.		5. Provider No.			
19423		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Carol Singer 9901 Fox Hill Road, Perry Hall, MD 21128- 410-733-2027			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

8. DOB			03/07/1944			9. Sex			Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD		Principal Diagnosis						Date		Sertraline - Sertraline Hydrochloride 25 mg, take 1 tablet by mouth once a day ANTI-DEPRESSANT				
I95.1		Orthostatic hypotension						11/19/25		Warfarin - Warfarin Sodium 2.5 mg, take 1 tablet by mouth once a day Take 1 tablet (2.5 mg total) by mouth once daily. - on Sunday & Wednesday And take 2 tabs (5 mg) on Mon-Wed- Tues- Thurs- Fri-Sat.				
13. ICD		Other Pertinent Diagnoses						Date		Lantus Solostar - Insulin Glargine Recombinant 15 UNITS subcutaneous once a day DM				
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny						11/19/25		Pravastatin - Pravastatin Sodium 20 MG tablet, Take 1 tablet by mouth once a day HLD				
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease						11/19/25		Melatonin - Melatonin 3 mg tablet,Take 1 tablet by mouth at bedtime SLEEP AIDE				
N18.9		Chronic kidney disease u						11/19/25		Acetaminophen - Acetaminophen 500 MG tablet; 2 TABS by mouth as necessary FOR PAIN				
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs						11/19/25		Loperamide Hydrochloride - Loperamide Hydrochloride 2 mg 2MG; 1 TAB by mouth as necessary TAKE AS DIRECTED FOR LOOSE STOOLS				
G93.41		Metabolic encephalopathy						11/19/25		Levothroxine - Levothroxine Sodium 88 mcg; 1tab by mouth in the morning synthyroid				
I48.20		Chronic atrial fibrillation unspecified						11/19/25		Humalog - Insulin Lispro Recombinant 100 units/ml 100units/ml; 2 unit subcutaneous before meal three times a day DM				
E83.42		Hypomagnesemia						11/19/25		Magnesium Oxide - Simethicone 400 MG tablet, Take 1 tablet by mouth once a day SUPPLEMENT				
E11.43		Type 2 diabetes w diabetic autonomic (poly)neuropathy						11/19/25		Midodrine Hydrochloride - Midodrine Hydrochloride 10 MG tablet, Take 1 tablet by mouth three times a day HYPOTENSION				
D50.9		Iron deficiency anemia unspecified						11/19/25		Fludrocortisone Acetate - Fludrocortisone Acetate 0.1 mg 0.1 mg tablet, Take 2 tablets by mouth three times a day				
E03.9		Hypothyroidism unspecified						11/19/25		Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg , Take 1 tablet by mouth once a day SUPPLEMENT				
E05.80		Other thyrotoxicosis without thyrotoxic crisis or storm						11/19/25		Aspirin 81Mg - Aspirin 81 mg, take 1 tablet by mouth once a day CAD				
E06.0		Acute thyroiditis						11/19/25		Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 200 mg , chewable tablet by mouth three times a day AS NEEDED FOR INDIGESTION				
E87.6		Hypokalemia						11/19/25		Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day SUPPLEMENT				
F41.9		Anxiety disorder unspecified						11/19/25		Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 units, take 1 capsule by mouth once a day SUPPLEMENT				
M19.90		Unspecified osteoarthritis unspecified site						11/19/25						
E55.9		Vitamin D deficiency unspecified						11/19/25						
K21.9		Gastro-esophageal reflux disease without esophagitis						11/19/25						
K52.9		Noninfective gastroenteritis and colitis unspecified						11/19/25						
R91.8		Other nonspecific abnormal finding of lung field						11/19/25						
Z79.82		Long term (current) use of aspirin						11/19/25						
Z79.01		Long term (current) use of anticoagulants						11/19/25						
Z95.2		Presence of prosthetic heart valve						11/19/25						
Z87.440		Personal history of urinary (tract) infections						11/19/25						

14. DME and Supplies:		15. Safety Measures:	
diabetic supplies, walker, commode		diabetic precautions, , ambulates with device, , walker precautions, ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, , activity supervision	
16. Nutrition:		17. Allergies:	
diabetic, cardiac diet		no known allergies	
18.A. Functional Limitations		18.B. Activities Permitted	
Ambulation, Endurance		Up As Tolerated, Walker, Exercises Prescribed	

19. Mental & Psychosocial Status:		COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No	
20. Prognosis:		fair	
22. A Rehabilitation Potential:		22.B.Discharge Plans	
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.		family/caregiver will be responsible for managing treatment	

Homebound status: Due to diagnosis of Orthostatic Hypotension, 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.

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/19/2025			
24. Physician's Name and Address		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.	
Shalini Kamal 9512 HARFORD RD PARKVILLE, MD 21234 PHONE: 4108820600 FAX: 14108822133 NPI: 1316906985		F2F date : 11/14/2025	
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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Clinical Condition Requiring Homecare:<div>The patient is an 81-year-old female with a complex medical history that includes chronic atrial fibrillation managed with warfarin, atypical atrial flutter, coronary artery disease, type 2 diabetes mellitus on insulin, gastroesophageal reflux disease, hypertension, hyperlipidemia, hypothyroidism, rheumatic mitral stenosis status post mitral balloon valvuloplasty (1998), aortic and mitral valve replacement (2018), chronic kidney disease, vitamin D deficiency, and a recent hospitalization for confusion, vomiting, orthostatic hypotension, and E. coli urosepsis. She was seen by cardiology on 11/18/25 with an INR of 2.6, and her next appointment is scheduled in two weeks. Her family assists with all ADLs and IADLs as needed, and PT/OT evaluations have been ordered. A primary care follow-up appointment is pending. During assessment, the patient was alert and oriented to person, place, and time. She denied pain and shortness of breath but demonstrated decreased endurance, slow gait, and required a walker for safe ambulation. Poor oral intake was reported, and she endorsed diarrhea. Skilled nursing noted generalized weakness and intermittent confusion consistent with her recent hospitalizations. She required assistance with transfers and ambulation due to impaired balance and reduced functional capacity. Her prior level of functioning included full independence with basic ADLs, IADLs, functional transfers, and ambulation within a two-story home. All medications were reviewed with the patient and her family, including instructions on proper warfarin use and signs and symptoms of bleeding. Education was also provided on recognizing symptoms of hypoglycemia. The patient has been experiencing elevated evening blood glucose readings; therefore, the family was instructed to maintain a detailed log of glucose levels for review by her physician to determine whether insulin dose adjustments are necessary. The daughter verbalized clear understanding of all instructions. The plan of care includes skilled nursing<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for ongoing monitoring of medical stability, medication management, warfarin education, assessment of hydration and nutritional intake, and reinforcement of safety strategies. PT and OT services will focus on strengthening, balance training, transfer training, endurance building, and promoting safe ambulation with assistive devices. Ongoing coordination with her primary care provider and cardiologist will continue to ensure appropriate follow-up, medication adjustments, and overall management of her chronic conditions.</div><div> </div><div>
</div><div>Date of Order</div><div>Physician Face-to-Face Date:</div><div>11/19/2025</div><div>Orders</div><div>Physician Certifying Physician: sn-disease management pt-eval</div><div>11/14/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval</div><div>11/14/2025</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div>Physician</div><div>Kamal, Shalini</div></div>

SN Careplans

SN WK1: 1 (11/19/2025 - 11/22/2025), WK2: 2 (11/23/2025 - 11/29/2025), WK3: 2 (11/30/2025 - 12/06/2025), WK4: 1 (12/07/2025 - 12/10/2025)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, diarrhea, M1600 - UTI, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Mediations reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor: PT/CG TO CHECK BLOOD GLUCOSE LEVELS AC/HS AND RECORD DAILY, 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 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, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

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
- * low-residue dietary guidelines
- * alternative medicine options for ulcerative colitis
- * 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/caregiver recalls

- * prevention including increase fluid intake
- * increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
- * perineal hygiene
- * 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

meal preparation is available to patient for all meals

patient/caregiver recalls

- * diabetic medication management
- * blood sugar testing
- * diabetic foot care
- * exercise
- * diabetic 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	11/19/2025

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			recalls related medication(s) purpose, schedule 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 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule	
PT Careplans PT WK1: 1 (11/19/2025 - 11/22/2025), WK2: 2 (11/23/2025 - 11/29/2025), WK3: 2 (11/30/2025 - 12/06/2025), WK4: 1 (12/07/2025 - 12/10/2025) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: The medication was reviewed with the patient and the family, Home exercises: SLR, LONG ARC , MARCHING AND HEEL RAISES 10X2 REPS , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers 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, 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			PT Goals PATIENT-STATED GOAL: The patient's family wants the patient to get stronger and walk better GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance 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 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	
OT Careplans OT WK1: 1 (11/19/2025 - 11/22/2025), WK3: 1 (11/30/2025 - 12/06/2025), WK4: 1 (12/07/2025 - 12/10/2025) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review : Medication reviewed with patient and caregiver. , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing, 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, 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, Eating - 06. Independent			OT Goals PATIENT-STATED GOAL: Navigate stairs so I can go to the bedroom GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent	
Signature of Physician:			Date	
			PAGE 3 of 3	
Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by Messick, Charles RN			11/19/2025	