Home Health Certification and Plan of Care

Order ID: 1150/14198

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9GF0GQ8RC14	11/22/2025	From: 11/22/2025 To: 01/20/2026	19726	217058

6. Patient's Name and Address
Sheila Legge
23 Admiral Blvd,
DUNDALK, MD 21222-
410-284-7087

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 01/08/1950 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	11/22/25

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	11/22/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/22/25
N18.6	End stage renal disease	11/22/25
D63.1	Anemia in chronic kidney disease	11/22/25
S62.124D	Nondisp fx of lunate right wrist subs for fx w routn heal	11/22/25
I48.0	Paroxysmal atrial fibrillation	11/22/25
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	11/22/25
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	11/22/25
E78.5	Hyperlipidemia unspecified	11/22/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/22/25
F32.9	Major depressive disorder single episode unspecified	11/22/25
F43.10	Post-traumatic stress disorder unspecified	11/22/25
E66.9	Obesity unspecified	11/22/25
Z79.01	Long term (current) use of anticoagulants	11/22/25
Z99.81	Dependence on supplemental oxygen	11/22/25
Z99.2	Dependence on renal dialysis	11/22/25
Z79.4	Long term (current) use of insulin	11/22/25
Z87.440	Personal history of urinary (tract) infections	11/22/25
Z91.81	History of falling	11/22/25

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

aplxaban 2.5mg tablet,Take 1 tablet by mouth every 12 hours for afib caution may cause severe bleeding
cholecalciferol 50mcg (2000ut) by mouth once a day for supplement
phosphate binder 667mg Take 2 tablet by mouth after meal by mouth with meals for phosphorous binder
Rosuvastatin Calcium - Rosuvastatin Calcium 10 mg Take 10 mg tablet: 1 tab by mouth at bedtime for HLD
Nifedipine Er - Nifedipine 30mg table, Take 2 tablet by mouth twice a day blood pressure
Gabapentin - Gabapentin 100 mg 100mg capsule; 1 cap by mouth every 8 hours for nerve pain
Oxygen - Oxygen 2 liters nasal cannula continuous COPD
Escitalopram Oxalate - Escitalopram Oxalate 10 mg Take 10mg Tablet; 1 tab by mouth once a day for depression
Amiodarone Hcl - Amiodarone Hydrochloride Take 100mg oral tablet, Take 1 tablet by mouth once a day
Oxygen - Oxygen 2L nasal cannula in the evening AT NIGHT

14. DME and Supplies:
rolling walker, commode, oxygen supplies, cane

15. Safety Measures:
standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, O2 precautions, medication safety, ambulates with assistance, transfer with assist, anticoagulant precautions

16. Nutrition:
diabetic, renal diet, cardiac diet

17. Allergies:
aripiprazole lisinopril metronidazole

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Cane, Walker

19. Mental & Pyschosocial 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: 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 with stage 5 chronic kidney disease, or end stage renal 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:
<p class="MsoNoSpacing">The patient is a 75-year-old woman recently hospitalized for a nondisplaced right lunate fracture, ESBL E. coli UTI, heart failure exacerbation related to noncompliance with torsemide, and acute kidney injury requiring initiation of dialysis. Her medical history includes CKD, type 2 diabetes (last A1C 7.9), COPD, atrial fibrillation, heart failure, hyperlipidemia, obesity, OSA requiring 2 L/min oxygen at night, symptomatic bradycardia, and recurrent UTIs. She is alert and oriented 3, reports no pain while sitting but experiences back pain with ambulation or prolonged standing, and notes shortness of breath with extended walking that resolves with rest. Lung sounds are clear, no edema is present, and chronic redness of the bilateral lower extremities is noted. She has a right subclavian dialysis catheter, fair appetite, and normal bowel movements. The patient demonstrates poor balance and was instructed to use her walker consistently for safety; she verbalized understanding. Skilled nursing reviewed all medications, dosing, and side effects, and provided teaching on signs of bleeding, oxygen safety, and fall prevention. The patient lives alone in a cluttered and crowded single-family home. She sleeps in a downstairs recliner, uses a bedside commode overnight, and climbs upstairs to access the bathroom. Her sister assists with ADLs and IADLs as needed. MOLST form in chart indicates Option A-2 (DNI).

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Anthony Harrell
2112 Dundalk Ave
Baltimore, MD 21222
PHONE: 4102884800 FAX: 14103672211 NPI: 1497859763

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 : 11/11/2025

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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The patient is independent with transfers and functional mobility, was instructed in a home exercise program, and demonstrated correct technique. PT/OT evaluations were ordered, and skilled nursing frequency was established at 1w1, 2w2, and 1w6. At this time, no further PT follow-up is required.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/22/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/11/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
 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>
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Harrell, Anthony

SN Careplans

SN WK1: 1 (11/22/25-11/22/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 2 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26) ,WK9: 1 (01/11/26-01/17/26) ,WK10: 1 (01/18/26-01/20/26)

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, limited strength, limited endurance, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer

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, * 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, * 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 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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: I WANT TO GET BETTER

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
* 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
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* 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
* 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

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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/22/2025

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* diet
* recalls related medication(s) purpose, schedule

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 (11/22/25-11/22/25)

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: Medication was reviewed with the patient , 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Walks independently with walker

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
11/22/2025