Home Health Certification and Plan of Care

Order ID: 1150/14189

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6A90DQ7MU13	11/21/2025	From: 11/21/2025 To: 01/19/2026	16683	217058

6. Patient's Name and Address

Diana Bowman
4 Willow Path Ct,
NOTTINGHAM, MD 21236-
410-777-3317

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 01/30/1969 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.21	Acute and chronic respiratory failure with hypoxia	11/21/25

13. ICD	Other Pertinent Diagnoses	Date
J96.22	Acute and chronic respiratory failure with hypercapnia	11/21/25
E66.813	Other obesity	11/21/25
I11.0	Hypertensive heart disease with heart failure	11/21/25
I50.33	Acute on chronic diastolic (congestive) heart failure	11/21/25
E11.9	Type 2 diabetes mellitus without complications	11/21/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/21/25
G89.29	Other chronic pain	11/21/25
F32.A	Depression unspecified	11/21/25
M79.7	Fibromyalgia	11/21/25
M06.9	Rheumatoid arthritis unspecified	11/21/25
Z68.45	Body mass index [BMI] 70 or greater adult	11/21/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/21/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	11/21/25
Z79.891	Long term (current) use of opiate analgesic	11/21/25
Z87.440	Personal history of urinary (tract) infections	11/21/25

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

Acetaminophen - Acetaminophen 500 MG , Give 1000 mg (Tablet) by mouth every 8 hours Give 1000 mg by mouth every 8 hours for pain management
Digestive Enzymes Oral Capsule (Digestive Enzymes) Give 1 capsule by mouth after meal Give 1 capsule by mouth with meals for supplement
Magic Mouthwash - Magic Mouthwash 30 mls (mouthwash) by mouth four times a day before meals & nightly for 7 days.
Lasix - Furosemide 20 MG tablet , Take 60 mg by mouth twice a day take 60 mg by mouth twice a day
Nizoral - Ketoconazole 2% , Apply 1 Application (shampoo) topical two times per week Apply 1 Application to the skin two times per week.
Zestril - Lisinopril 10 MG tablet, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Magnesium Oxide - Simethicone 400 (240 Mg) MG , Take 400 mg by mouth twice a day Take 400 mg by mouth 2 times daily.
Glycolax - Polyethylene Glycol 3350 17 GM/SCOOP , Take 17 g powder by mouth once a day Take 17 g by mouth daily
Klor-Con M10 - Potassium Chloride 10 MEQ , Take 10 mEq tablet by mouth once a day Take 10 mEq by mouth daily.
albuterol-ipratropium 0.5-2.5 (3) mg/3mL nebulizer solution 0.5-2.5 (3) mg/3mL , Take 3 mL.s (nebulizer solution) by mouth every 6 hours Take 3 mL.s by nebulization every 6 hours as needed for Wheezing.
Glucophage - Metformin Hydrochloride 1000 MG tablet , Take 1,000 mg (tablet) by mouth twice a day Take 1,000 mg by mouth 2 times daily.
Roxicodone - Oxycodone Hydrochloride 20 MG , Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed.
For diagnoses: Rheumatoid arthritis, involving unspecified site, unspecified whether rheumatoid factor present (CMS/HHS-HCC).
Other chronic pain, Fibromyalgia
Oxygen - Oxygen 2 l nasal cannula continuous
Ozempic 0.5 mg IM once a week
Humira - Adalimumab 40 mg/0.8ml subcutaneous every other week Take every two weeks in the abdomen or thigh. Medication for rheumatoid arthritis
Oxycontin - Oxycodone Hydrochloride 20 mg Take 1 tablet by mouth every 12 hours Pain

14. DME and Supplies:
diabetic supplies, grab bars, oxygen supplies, hospital bed

15. Safety Measures:
standard precautions, fall precautions, diabetic precautions, O2 precautions, medication safety, bedrails up while in bed

16. Nutrition:
diabetic

17. Allergies:
sulfa

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

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: 9. Not Applicable

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute and chronic respiratory failure with hypoxia, 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 56-year-old female with a history of chronic respiratory failure, morbid obesity, congestive heart failure, and type 2 diabetes mellitus. She was hospitalized for respiratory failure and generalized muscle weakness. She is alert and oriented 4, obese, and receiving 2 L of oxygen via nasal cannula. Her skin is intact and her vital signs are within normal limits. The patient is bedbound and receives assistance with activities of daily living from a private caregiver. She resides with her family. Education was provided regarding medication adherence, recognition of hypo- and hyperglycemia symptoms, diabetic diet management, blood glucose monitoring, oxygen use, and other relevant self-care topics.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/21/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/19/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Acute and chronic respiratory failure with hypoxia
 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> Physician: Wallace, Brian

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Brian Wallace
2340 Willow Vale Dr
Fallston, MD 21047
PHONE: 8553624687 FAX: 18555801397 NPI: 1801864350

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 : 11/19/2025

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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Diana Bowman 4 Willow Path Ct, NOTTINGHAM, MD 21236- 410-777-3317	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (11/21/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25)

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

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, obesity

PROCEDURES: Medication Review: Medication reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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

PATIENT-STATED GOAL: To be strong enough to stand up.

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 keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/21/2025