Home Health Certification and Plan of Care

Order ID: 1150/14373

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01229354	11/23/2025	From: 11/23/2025 To: 01/21/2026	19804	217058

6. Patient's Name and Address
Sharon Rodriquez
302 E Joppa Rd Apt 1508,
TOWSON, MD 21286-
240-302-9329

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 04/11/1963 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G62.1	Alcoholic polyneuropathy	11/23/25

13. ICD	Other Pertinent Diagnoses	Date
K70.10	Alcoholic hepatitis without ascites	11/23/25
F10.20	Alcohol dependence uncomplicated	11/23/25
K22.2	Esophageal obstruction	11/23/25
K64.9	Unspecified hemorrhoids	11/23/25
D50.9	Iron deficiency anemia unspecified	11/23/25
F17.210	Nicotine dependence cigarettes uncomplicated	11/23/25
E43.	Unspecified severe protein-calorie malnutrition	11/23/25
D56.9	Thalassemia unspecified	11/23/25
K76.0	Fatty (change of) liver not elsewhere classified	11/23/25
R91.1	Solitary pulmonary nodule	11/23/25

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

Acetaminophen - Acetaminophen 325 Mg, Give 2 tablet by mouth every 6 hours do not exceed over 3gm per day from all source.
Diclofenac Sodium - Diclofenac Sodium Gel 1%, Apply to 2gm to b/l feet topical twice a day Diclofenac Sodium Edemel Gel 1% (Diclofenso Sodium (Topical) Apply to 2gm to b/l feet topically two times a day for Pain
Famotidine - Famotidine 20 MG, Give 1 Phone tablet by mouth twice a day Give 1 Phone tablet by mouth two times a day for GERD
Folic Acid - Folic Acid 1 MG, Give 1 tablet by mouth once a day Folic Acid Oral Tablet 1 MG (Folic Acid) Give 1 tablet by mouth one time a day for Supplement
Sucralfate - Sucralfate 1 GM (Sucralfate) Give 1 tablet by mouth as necessary Sucralfate Oral Tablet 1 GM (Sucralfate) Give 1 tablet Phone by mouth before meals for GERD (Take one hour before meals)
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 MG, Give 1 tablet by mouth once a day Thiamine Mononitrate Oral Tablet 100 MG (Thiamine Mononitrate) Give 1 tablet by mouth one time a day for Supplement
Lactulose - Lactulose 20 GM/30ML (Lactulose) 30 ml by mouth once a day Lactulose Oral Solution 20 GM/30ML (Lactulose) 30 ml by mouth one time a day for encephalopatry

Give Prescriber Entered

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

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

18.B. Activities Permitted
Walker, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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 Alcoholic polyneuropathy, 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 was referred to home health services following a recent hospitalization and subsequent rehabilitation stay related to complications from alcoholism. She resides in a single-level apartment with her daughter, who assists with ADLs, IADLs, meal preparation, shopping, and errands. The patient experiences occasional stress incontinence but presents with intact skin. PT and OT evaluations have been ordered as part of her home health care plan. Skilled nursing visits are recommended at a frequency of 2 times the first week and once weekly for the following three weeks. The next skilled nursing visit is scheduled for Wednesday. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/23/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/14/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Alcoholic polyneuropathy
 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: Noori, Meena

SN Careplans

SN WK1: 2 (11/23/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25)

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

SN Goals

PATIENT-STATED GOAL: I want to stop drinking

GOALS
patient/caregiver recalls
* dietary modifications for liver disorder
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Meena Noori
1221 Mercantile Ln
Upper Marlboro, MD 20774
PHONE: 3016185500 FAX: NPI: 1396322095

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 : 11/14/2025

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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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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, extremity burn/tingle/numb, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, bladder 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * dietary modifications for liver disorder, 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

* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/23/2025