Home Health Certification and Plan of Care

Order ID: 1150/14333

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34771981	11/25/2025	From: 11/25/2025 To: 01/23/2026	19836	217058

6. Patient's Name and Address
Thomas Williams
1689 Darley Avenue,
BALTIMORE, MD 21213-
443-806-5812

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 12/23/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/25/25

13. ICD	Other Pertinent Diagnoses	Date
I50.20	Unspecified systolic (congestive) heart failure	11/25/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/25/25
N18.30	Chronic kidney disease stage 3 unspecified	11/25/25
I42.8	Other cardiomyopathies	11/25/25
I48.92	Unspecified atrial flutter	11/25/25
F41.1	Generalized anxiety disorder	11/25/25
F33.1	Major depressive disorder recurrent moderate	11/25/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/25/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/25/25
E78.5	Hyperlipidemia unspecified	11/25/25
Z79.01	Long term (current) use of anticoagulants	11/25/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/25/25
Z95.4	Presence of other heart-valve replacement	11/25/25
Z86.711	Personal history of pulmonary embolism	11/25/25

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

Flomax - Tamsulosin Hydrochloride 0.4 mG, tAKE 1 CAPSULE by mouth once a day BPH
Inspra - Eplerenone 25 mg 25 Mg, Take 1 tablet by mouth twice a day BLOOD PRESSURE
Torsemide - Torsemide 100 mg 100MG; 1/2 TAB by mouth twice a day FLUID PILL
Jardiance - Empagliflozin 25 Mg,Take 1 tablet by mouth once a day HEART FAILURE/DIABETES
Eliquis - Apixaban 5 Mg, Take 1 tablet by mouth twice a day BLOOD THINNER
Bumetanide - Bumetanide 2 mg 2MG, take 1 tablet by mouth once a day FLUID PILL
Coreg - Carvedilol 6.25 mg 6.25 Mg, Take 1 tablet by mouth twice a day HEART/BLOOD PRESSURE
Entresto - Sacubitril: Valsartan 97-103 Mg Take 1 tablet by mouth twice a day HEART FAILURE

14. DME and Supplies:
bath bench, walker, cane

15. Safety Measures:
diabetic precautions, , ambulates with device, walker precautions, , sharps precautions, , activity supervision

16. Nutrition:
diabetic, cardiac diet,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

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

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: 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 Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney 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:
The patient is a 63-year-old male with a recent hospitalization for syncope and congestive heart failure exacerbation. His past medical history includes heart failure, chronic kidney disease, cardiomyopathy, atrial flutter, aortic valve replacement (SAVR 2008), coronary artery disease, pulmonary embolism, COPD, anxiety, depressive disorder, and sleep apnea. The patient resides in a rooming house with his significant other and lives in a basement unit requiring stair negotiation. He ambulated 30 feet indoors without assistive devices and supervision, completes 12 steps with bilateral rail support, and performs bed mobility and transfers with supervision. Tinetti assessment scored 17/28, indicating high fall risk due to poor balance, unsteady gait, and decreased endurance. Physical examination revealed clear lungs, fair appetite, bowel movement yesterday, bilateral hand swelling, and +1 to +2 lower-extremity edema, more pronounced on the left, with TED hose in use for edema control. The patient uses a walker in the home as needed. Skilled nursing education included medication review with dose, frequency, and side effects, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-11 CE-FMS-bleeding%20precautions">bleeding precautions</mh>, heart failure management, cardiac diet, and recognition of signs and symptoms of HF exacerbation. Patient demonstrated receptiveness but will benefit from ongoing reinforcement. Physical therapy evaluation was ordered; the patient tolerated 10 repetitions of supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, ankle pumps, and knee extension. The patient requires continued home-based therapy to improve strength, endurance, functional mobility, and independence with activities of daily living while mitigating fall risk. Skilled nursing will be provided at a frequency of one visit per week for two weeks initially (1w12w21w2), with coordination of PT services and ongoing monitoring of edema, mobility, and functional status.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 11/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement pt-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Daljeet Saluja
821 N Eutaw St
Baltimore, MD 21201
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024

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.

Home Health Certification and Plan of Care

Order ID: 1150/14333

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34771981	11/25/2025	From: 11/25/2025 To: 01/23/2026	19836	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thomas Williams 1689 Darley Avenue, BALTIMORE, MD 21213- 443-806-5812	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

soc PT Eval Notes: Physician Saluja, Daljeet

SN Careplans

SN WK1: 1 (11/25/25-11/29/25)

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: 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, 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, Home Safety, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, swelling in the arms/legs, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply compression bandage, monitor intake & output, coordinate/arrange preparation of missing meals, coordinate/arrange repair or installation of adequate stair railings, coordinate/arrange for maintenance of clean/uncluttered living area

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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 enviroment has adequate stairs railings, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO FEEL BETTER AND NOT TO GO BACK TO HOSPITAL

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* 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

patient's enviroment has adequate stairs railings

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (11/25/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation,

PT Goals

PATIENT-STATED GOAL: Be able to walk without the walker on all surfaces

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

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025

Home Health Certification and Plan of Care

Order ID: 1150/14333

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34771981	11/25/2025	From: 11/25/2025 To: 01/23/2026	19836	217058

6. Patient's Name and Address
Thomas Williams
1689 Darley Avenue,
BALTIMORE, MD 21213-
443-806-5812

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

straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats , Dynamic and static standing balance training, Hamstring stretching, cough/deep breathing exercises, equipment training, 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, * 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, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

* strategies to control shortness of breath
* home remedies to keep lungs healthy
* 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:

Date

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

Date
11/25/2025