Home Health Certification and Plan of Care

Order ID: 1150/14456

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	11/29/2025	From: 11/29/2025 To: 01/27/2026	20005	217058

6. Patient's Name and Address

Diane Fickus
11607 Bonaparte Ave,
Baltimore, MD 21162-
937-430-9230

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 07/08/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	11/29/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/29/25
I50.33	Acute on chronic diastolic (congestive) heart failure	11/29/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/29/25
N18.30	Chronic kidney disease stage 3 unspecified	11/29/25
D63.1	Anemia in chronic kidney disease	11/29/25
I48.91	Unspecified atrial fibrillation	11/29/25
I35.0	Nonrheumatic aortic (valve) stenosis	11/29/25
J90.	Pleural effusion not elsewhere classified	11/29/25
I07.1	Rheumatic tricuspid insufficiency	11/29/25
E87.6	Hypokalemia	11/29/25
E83.42	Hypomagnesemia	11/29/25
B37.2	Candidiasis of skin and nail	11/29/25
R82.71	Bacteriuria	11/29/25
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	11/29/25
Z16.12	Extended spectrum beta lactamase (ESBL) resistance	11/29/25
E66.01	Morbid (severe) obesity due to excess calories	11/29/25
Z79.4	Long term (current) use of insulin	11/29/25
Z79.01	Long term (current) use of anticoagulants	11/29/25

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

Diltiazem Hydrochloride - Diltiazem Hydrochloride 120 mg 120 MG , Give 120 mg Tablet by mouth twice a day Dilt-XR Orel Capsule Extended Release 24 Hour 120 MG (Diltiazem HCl) Give 120 mg by mouth two times a day for HTN hold for SBP less than 100 and HR less than 60
Glipizide - Glipizide 10 mg 10MG; 1 TAB by mouth twice a day DM
Torsemide - Torsemide 20 mg 20 MG by mouth once a day EDEMA 1 TAB THEN SKIP A DAY 2 TABS THEN SKIP A DAY
Oxybutynin - Oxybutynin 5MG; 1 TAB by mouth once a day OVERACTIVE BLADDER
Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 20 mg Tablet by mouth at bedtime Atorvastatin Calcium Oral Tablet 20 MG (Atorvastatin Calcium) Give 20 mg by mouth at bedtime for HLD
Warfarin Sodium - Warfarin Sodium 4 mg Tablet 4 MG, Give 4 mg by mouth at bedtime Give 4 mg by mouth at bedtime related to UNSPECIFIED ATRIAL FIBRILLATION (148.91
Melatonin - Melatonin 5 Mg, Give 5 mg tablet by mouth at bedtime Melatonin Oral Tablet 5 MG (Melatonin) Glive 5 mg by mouth at beatime for INSOMNIA
Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 5-325 MK3, Give 1 tablel by mouth every 6 hours for MODERATE PAIN
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) , Give 1 capsule by mouth once a day Cholecalciferol Oral Capsule 50 MCG (2000 UT) (Cholecalciferol) Give 1 capsule by mouth one time a day for supplement
Famotidine - Famotidine 20 mg 20 MG, Give 1 tablet by mouth twice a day Famotidine Oral Tablet 20 MG (Famotidine) Give 1 tablet by mouth two times a day for GERD
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU (50MCG); 1 TAB by mouth once a day SUPPLEMENT
Gabapentin - Gabapentin 300 mg 300 MG Give 1 capsule by mouth twice a day NEUROPATHY PAIN
Ammonium Lactate - Ammonium Lactate eq 12 perc base 12% Apply to extremities lopically topical once a day Ammonium Lactate Cream 12% Apply to extremities lopically every day shift for dry skin SHAKE CREAM. EXTERNAL USE ONLY MAY CAUSE INCREASED PHOTOSESITIVITY
Lotrisone - Betamethasone Dipropionate: Clotrimazole 1-0.05% , Apply to under breasts topical as necessary Lotrisone Cream 1-0.05% (Clotetimazok Betamethasone) Apply to under breasts topically every day and evening shift for protection may apply non adherent dressing per pt request to prevent nostare
Colace - Docusate Sodium 50MG; 1 TAB by mouth as necessary FOR BOWEL REGIMEN

14. DME and Supplies:

wheelchair, diabetic supplies, bath bench, commode, wound care supplies, cane, walker

15. Safety Measures:

wheelchair precautions, , , diabetic precautions, , ambulates with device, walker precautions, , , ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, cardiac precautions, , , activity supervision

16. Nutrition:

diabetic, cardiac diet,

17. Allergies:

amoxicillin reglan

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed, Wheelchair

19. Mental & Psychosocial 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: 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

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Baronas
8600 Lasalle Rd
Baltimore, MD 21286
PHONE: 4439214683 FAX: 14439214698 NPI: 1215071691

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 : 11/24/2025

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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Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Hyperglycemia, 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 76-year-old morbidly obese female with an extensive past medical history significant for type 2 diabetes mellitus, chronic kidney disease stage 3, atrial fibrillation on chronic warfarin therapy, essential hypertension, hyperlipidemia, coronary artery disease with nonrheumatic aortic stenosis, and gastroesophageal reflux disease. She was recently admitted to the hospital for hyperglycemia and atrial fibrillation management and is currently prescribed warfarin 4 mg daily, with a scheduled anticoagulation clinic appointment on 12/03/25. A MOLST is on file indicating attempt CPR. She is alert and oriented x3 at today's visit. Fingerstick blood glucose today was 232 mg/dL. The patient denies pain and shortness of breath. Lung sounds are clear to auscultation bilaterally. Appetite is reported as good, and her last bowel movement was yesterday. Physical assessment revealed redness under the left breast and +2 to +3 bilateral lower extremity edema with associated redness; per the patient and caregiver, the lower extremity redness is baseline and edema appears improved. The patient resides in a single-family home with six steps to enter and lives with her significant other and granddaughter, who, along with a niece, assist with all activities of daily living and instrumental activities of daily living as needed. She currently requires assistance for safe transfers and ambulation. All medications were reviewed with the patient and caregiver, including dose, frequency, and pertinent side effects. Skilled nursing provided education on lower extremity and skin-fold care to prevent further compromise of skin integrity, with the patient and caregiver verbalizing understanding. Skilled nursing is ordered at a frequency of 1W1, 2W2, 1W2, with physical and occupational therapy evaluations ordered. Follow-up appointments are scheduled with cardiology on 12/03/25 and with the primary care provider on 12/10. The plan of care includes continued monitoring of blood glucose and anticoagulation therapy, edema management, cardiovascular follow-up, skin integrity surveillance, and reinforcement of disease process and medication education to reduce risk for further complications.
 Date of Order 11/29/2025 Orders Physician Face-to-Face Date: 11/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Hyperglycemia 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: soc PT Eval Notes: Physician Baronas, James

SN Careplans

SN WK1: 1 (11/29/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 2 (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: 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, swelling in the arms/legs, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit, obesity, rough/scaly/cracked skin, discolored patches of skin, raised bumps that are red/white, new incidence of rash

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: CG TO CLEAN SKIN FOLDS-UNDER BREAST AND GROIN AREAS WITH MILD SOAP AND WATER. PAT DRY AND APPY ANTIFUNGAL CREAM AS NEEDED, glucose testing via monitor, coordinate/arrange for maintenance of clean/uncluttered living area, venipuncture: NO LABS FOR PT/INR; PATIENT IS FOLLOWED BY AC CLINIC.

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, * 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, * 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

SN Goals

PATIENT-STATED GOAL: to stay out of the hospital

GOALS
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 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
* 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
* 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 help resolve infection including hygiene
* proper hand washing

Signature of Physician:

Date

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

Date
11/29/2025

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medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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's living environment is clean/uncluttered, meal preparation is available to patient for all meals

* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 2 (12/14/25-12/20/25) ,WK5: 2 (12/21/25-12/27/25) ,WK6: 2 (12/28/25-01/03/26) ,WK7: 1 (01/04/26-01/10/26) ,WK8: 1 (01/11/26-01/17/26) ,WK9: 1 (01/18/26-01/24/26)

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 , H E P : SLR, LE ABD/ADD, LONG ARC , MARCHING AND HEEL/TOE RAISES--10X2 , 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 - 05. Setup or clean-up assistance, 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: To walk independently at home

GOALS
Chair to Bed to Chair - 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

Toilet Transfer - 05. Setup or clean-up assistance

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
11/29/2025