Home Health Certification and Plan of Care

Order ID: 1150/13848

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6XC9WM5YA59	10/28/2025	From: 10/28/2025 To: 12/26/2025	18868	217058

6. Patient's Name and Address
Betty Meredith
1643 N Smallwood St,
BALTIMORE, MD 21216-
443-610-1910

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 03/10/1952 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	10/28/25

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	10/28/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/28/25
N18.4	Chronic kidney disease stage 4 (severe)	10/28/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/28/25
E78.5	Hyperlipidemia unspecified	10/28/25
E03.4	Atrophy of thyroid (acquired)	10/28/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/28/25
J41.8	Mixed simple and mucopurulent chronic bronchitis	10/28/25
G89.29	Other chronic pain	10/28/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	10/28/25
K59.04	Chronic idiopathic constipation	10/28/25
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	10/28/25
Z79.4	Long term (current) use of insulin	10/28/25
Z79.82	Long term (current) use of aspirin	10/28/25
Z91.81	History of falling	10/28/25

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

Norvasc - Amlodipine Besylate 10 MG tablet, Take 1 tablet by mouth once a day
Aspirin 81Mg - Aspirin 81 MG chewable tablet, Chew 1 tablet by mouth once a day Disp: 90 tablet, Rfl: 2
cholecalciferol, vitamin D3, 1,250 mcg (50,000 unit) tablet, Take 1 tablet by mouth once a week., Disp: 24 tablet,
Flexeril - Cyclobenzaprine Hydrochloride 5 MG tablet, Take 1 tablet by mouth every 8 hours 1 tablet (5 mg total) by mouth every 8 (eight) hours as needed for muscle spasms., Disp: 30 tablet
Flonase - Fluticasone Propionate 50 mcg/actuation, 1 spray nasal once a day nasal spray, 1 spray by each nare route daily.
Synthroid - Levothyroxine Sodium 50 MCG tablet,Take 1 tablet by mouth once a day
Protonix - Pantoprazole Sodium 40 MG EC tablet, Take 1 tablet by mouth once a day
Lyrica - Pregabalin 100 MG capsule, Take 1 capsule by mouth three times a day
Proventil-Hfa - Albuterol Sulfate 90 mcg/actuation inhaler, Inhale 2 puffs nasal every 4 hours as needed for wheezing or shortness of breath.
Coreg - Carvedilol 3.125 MG tablet, Take 1 tablet by mouth twice a day
Cymbalta - Duloxetine Hydrochloride 60 MG capsule, Take 1 capsule by mouth once a day
Lasix - Furosemide 40 MG tablet, Take 1 tablet by mouth once a day
Dilaudid - Hydromorphone Hydrochloride 2 MG tablet, Take 1 tablet by mouth every 6 hours
Senokot - Senna 8.6 mg tablet, Take 1 tablet by mouth twice a day
Kenalog - Triamcinolone Acetonide 0.1 % cream topical twice a day
Rosuvastatin Calcium - Rosuvastatin Calcium 5 mg 5mg by mouth once a day HLD
Celexa - Citalopram Hydrobromide eq 10 mg base 10mg by mouth once a day Depression
Insulin 70/30 - Insulin Recombinant Human 40 units subcutaneous once a day diabetes

14. DME and Supplies:
diabetic supplies, , walker, cane, commode

15. Safety Measures:
medication safety, fall precautions, diabetic precautions, supervision at all times, standard precautions, bathroom safety, ambulates with assistance, ambulates with device

16. Nutrition:
high fiber, diabetic, low cholesterol, low sodium, cardiac diet,

17. Allergies:
heparin, hyoscyamine, doxycycline, gabapentin, hydrochlorothiazide, latex, lipit phenobarg-hyoscy-astropine, phenobarbital, sulfa-traimethoprim, ultracet, venla

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Cane, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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
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 73-year-old female with a significant medical history including spinal stenosis, multiple falls, CHF, diabetes mellitus type 2 on insulin therapy, stage 4 hypertensive heart and kidney disease, COPD, chronic pain, thyroid atrophy, constipation, and prior spinal and joint surgeries. She lives alone and uses a walker, cane, and stair lift for mobility. The patient reports multiple falls in the past three months along with lower-extremity weakness and dependent edema. She was educated on home safety measures, including the use of wall railings, daily weight monitoring due to fluid retention, and recognition of CHF symptoms. Medications were reviewed, and she agreed to pillbox education for adherence. She self-administers 40 units of 70/30 insulin daily but lacks a functioning glucometer; the nurse will contact her provider to request a prescription. She also reports difficulty accessing groceries due to lack of transportation. Following a recent hospitalization for CKD, CHF, DM, hyperlipidemia, COPD, chronic pain, spinal stenosis, and multiple orthopedic surgeries, the patient demonstrates limited functional mobility. She ambulates indoors for short distances without a device but relies on wall support and requires supervision for transfers and bed mobility. She can use a stair glide independently for 14 steps. Her home is a two-story row house with six steps at the entrance, and she is homebound due to the taxing effort required to leave the home, supported by a Tinetti score of 14/28. The patient reports increasing numbness in her hands and legs and anticipates the need for further spinal surgery. She has requested social work assistance in finding a smaller, single-level residence. Home therapy is recommended to improve strength, safety, and functional mobility.<o:p></o:p> <o:p> </o:p> Date of

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Michael Kingan
5210 Eastern Avenue
Baltimore, MD 21224
PHONE: 4438493184 FAX: 14438493182 NPI: 1861871881

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 : 10/23/2025

27. Attending Physician's Signature and Date Signed **11/17/2025**: 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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Order<o:p></o:p> 10/28/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 10/23/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: 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<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Kingan, Michael

SN Careplans

SN WK1: 2 (10/28/25-11/01/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25)

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, blood sugar < 60 > 300

CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: Home Safety, Home Safety, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, abnormal blood pressure, abn cholesterol > 200 mg/dL, dependent edema, weight gain > 2lb/24 h OR 5lb/1 wk, swelling in the arms/legs, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, constipation, increased urine output, muscle weakness, limited endurance, muscle spasms, limited strength, poor muscle tone, limited range of motion, weak hand grips, balance deficit, extremity burn/tingle/numb, difficulty sleeping, B1000 - Vision Deficit, pain radiating to arms/legs, involuntary movement of extremity, daytime fatigue, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity, discolored patches of skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange transportation services

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, * low cholesterol dietary guidelines, 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, patient has access to adequate food storage, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: to feel better, I have a lot going on with me

GOALS
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
* low cholesterol dietary guidelines
* 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 promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient's transportation needs are met

patient's living environment is clean/uncluttered

patient has access to adequate food storage

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/28/2025

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* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK3: 1 (11/09/25-11/15/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25) ,WK8: 1 (12/14/25-12/20/25) ,WK9: 1 (12/21/25-12/26/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: Home exercise program: Supine hip flexion, hip abduction, straight leg raise, hip abduction, hooklying rotation. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To eliminate the numbness in my legs and hands

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
10/28/2025