Home Health Certification and Plan of Care

Order ID: 1150/14148

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36699800	11/19/2025	From: 11/19/2025 To: 01/17/2026	19423	217058

6. Patient's Name and Address
Carol Singer
9901 Fox Hill Road,
Perry Hall, MD 21128-
410-733-2027

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 03/07/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	11/19/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/19/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/19/25
N18.9	Chronic kidney disease u	11/19/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/19/25
G93.41	Metabolic encephalopathy	11/19/25
I48.20	Chronic atrial fibrillation unspecified	11/19/25
E83.42	Hypomagnesemia	11/19/25
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	11/19/25
D50.9	Iron deficiency anemia unspecified	11/19/25
E03.9	Hypothyroidism unspecified	11/19/25
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm	11/19/25
E06.0	Acute thyroiditis	11/19/25
E87.6	Hypokalemia	11/19/25
F41.9	Anxiety disorder unspecified	11/19/25
M19.90	Unspecified osteoarthritis unspecified site	11/19/25
E55.9	Vitamin D deficiency unspecified	11/19/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/19/25
K52.9	Noninfective gastroenteritis and colitis unspecified	11/19/25
R91.8	Other nonspecific abnormal finding of lung field	11/19/25
Z79.82	Long term (current) use of aspirin	11/19/25
Z79.01	Long term (current) use of anticoagulants	11/19/25
Z95.2	Presence of prosthetic heart valve	11/19/25
Z87.440	Personal history of urinary (tract) infections	11/19/25

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

Sertraline - Sertraline Hydrochloride 25 mg, take 1 tablet by mouth once a day ANTI-DEPRESSANT
Warfarin - Warfarin Sodium 2.5 mg, take 1 tablet by mouth once a day Take 1 tablet (2.5 mg total) by mouth once daily. - on Sunday & Wednesday And take 2 tabs (5 mg) on Mon-Wed- Tues-Thurs- Fri-Sat.
Lantus Solostar - Insulin Glargine Recombinant 15 UNITS subcutaneous once a day DM
Pravastatin - Pravastatin Sodium 20 MG tablet, Take 1 tablet by mouth once a day HLD
Melatonin - Melatonin 3 mg tablet,Take 1 tablet by mouth at bedtime SLEEP AIDE
Acetaminophen - Acetaminophen 500 MG tablet; 2 TABS by mouth as necessary FOR PAIN
Loperamide Hydrochloride - Loperamide Hydrochloride 2 mg 2MG; 1 TAB by mouth as necessary TAKE AS DIRECTED FOR LOOSE STOOLS
Levothroxine - Levothyroxine Sodium 88 mcg; 1tab by mouth in the morning synthyroid
Humalog - Insulin Lispro Recombinant 100 units/ml 100units/ml; 2 unit subcutaneous before meal three times a day DM
Magnesium Oxide - Simethicone 400 MG tablet, Take 1 tablet by mouth once a day SUPPLEMENT
Midodrine Hydrochloride - Midodrine Hydrochloride 10 MG tablet, Take 1 tablet by mouth three times a day HYPOTENSION
Fludrocortisone Acetate - Fludrocortisone Acetate 0.1 mg 0.1 mg tablet, Take 2 tablets by mouth three times a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg , Take 1 tablet by mouth once a day SUPPLEMENT
Aspirin 81Mg - Aspirin 81 mg, take 1 tablet by mouth once a day CAD
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 200 mg , chewable tablet by mouth three times a day AS NEEDED FOR INDIGESTION
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day SUPPLEMENT
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 units, take 1 capsule by mouth once a day SUPPLEMENT

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

15. Safety Measures:
diabetic precautions, , ambulates with device, , walker precautions, ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, , activity supervision

16. Nutrition:
diabetic, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Orthostatic Hypotension, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shalini Kamal
9512 HARFORD RD
PARKVILLE, MD 21234
PHONE: 4108820600 FAX: 14108822133 NPI: 1316906985

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 **11/26/2025**: 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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Clinical Condition Requiring Homecare:

The patient is an 81-year-old female with a complex medical history that includes chronic atrial fibrillation managed with warfarin, atypical atrial flutter, coronary artery disease, type 2 diabetes mellitus on insulin, gastroesophageal reflux disease, hypertension, hyperlipidemia, hypothyroidism, rheumatic mitral stenosis status post mitral balloon valvuloplasty (1998), aortic and mitral valve replacement (2018), chronic kidney disease, vitamin D deficiency, and a recent hospitalization for confusion, vomiting, orthostatic hypotension, and E. coli urosepsis. She was seen by cardiology on 11/18/25 with an INR of 2.6, and her next appointment is scheduled in two weeks. Her family assists with all ADLs and IADLs as needed, and PT/OT evaluations have been ordered. A primary care follow-up appointment is pending. During assessment, the patient was alert and oriented to person, place, and time. She denied pain and shortness of breath but demonstrated decreased endurance, slow gait, and required a walker for safe ambulation. Poor oral intake was reported, and she endorsed diarrhea. Skilled nursing noted generalized weakness and intermittent confusion consistent with her recent hospitalizations. She required assistance with transfers and ambulation due to impaired balance and reduced functional capacity. Her prior level of functioning included full independence with basic ADLs, IADLs, functional transfers, and ambulation within a two-story home. All medications were reviewed with the patient and her family, including instructions on proper warfarin use and signs and symptoms of bleeding. Education was also provided on recognizing symptoms of hypoglycemia. The patient has been experiencing elevated evening blood glucose readings; therefore, the family was instructed to maintain a detailed log of glucose levels for review by her physician to determine whether insulin dose adjustments are necessary. The daughter verbalized clear understanding of all instructions. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for ongoing monitoring of medical stability, medication management, warfarin education, assessment of hydration and nutritional intake, and reinforcement of safety strategies. PT and OT services will focus on strengthening, balance training, transfer training, endurance building, and promoting safe ambulation with assistive devices. Ongoing coordination with her primary care provider and cardiologist will continue to ensure appropriate follow-up, medication adjustments, and overall management of her chronic conditions.
 Date of Order 11/19/2025 Orders 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 hha-adl's due to Orthostatic Hypotension 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 OT Eval Notes: PT Eval Notes: Physician Kamal, Shalini

SN Careplans

SN WK1: 1 (11/19/2025 - 11/22/2025), WK2: 2 (11/23/2025 - 11/29/2025), WK3: 2 (11/30/2025 - 12/06/2025), WK4: 1 (12/07/2025 - 12/10/2025)

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, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, diarrhea, M1600 - UTI, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Mediations reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor: PT/CG TO CHECK BLOOD GLUCOSE LEVELS AC/HS AND RECORD DAILY, monitor intake & output

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, * 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 medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

meal preparation is available to patient for all meals

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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	11/19/2025

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

PT Careplans

PT WK1: 1 (11/19/2025 - 11/22/2025), WK2: 2 (11/23/2025 - 11/29/2025), WK3: 2 (11/30/2025 - 12/06/2025), WK4: 1 (12/07/2025 - 12/10/2025)

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 and the family, Home exercises: SLR, LONG ARC , MARCHING AND HEEL RAISES 10X2 REPS , 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 - 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: The patient's family wants the patient to get stronger and walk better

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

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

OT Careplans

OT WK1: 1 (11/19/2025 - 11/22/2025), WK3: 1 (11/30/2025 - 12/06/2025), WK4: 1 (12/07/2025 - 12/10/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver. , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing, therapeutic exercises

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, 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

OT Goals

PATIENT-STATED GOAL: Navigate stairs so I can go to the bedroom

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/19/2025