Home Health Certification and Plan of Care

Order ID: 1150/14554

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
71180486	12/03/2025	From: 12/03/2025 To: 01/31/2026	20117	217058

6. Patient's Name and Address

Kathryn Antrobus
1212 ODENTON RD APT 316,
ODENTON, MD 21113-
443-803-7136

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 04/29/1948 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	12/03/25

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	12/03/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/03/25
N18.6	End stage renal disease	12/03/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/03/25
F31.9	Bipolar disorder unspecified	12/03/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/03/25
H40.9	Unspecified glaucoma	12/03/25
E78.5	Hyperlipidemia unspecified	12/03/25
G47.00	Insomnia unspecified	12/03/25
Z79.2	Long term (current) use of antibiotics	12/03/25
Z79.82	Long term (current) use of aspirin	12/03/25
Z99.2	Dependence on renal dialysis	12/03/25
Z85.9	Personal history of malignant neoplasm unspecified	12/03/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/03/25
Z87.891	Personal history of nicotine dependence	12/03/25

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

Aspirin - Aspirin 81 mg Tablet by mouth once a day
Lipitor - Atorvastatin Calcium 80 mg Tablet by mouth once a day
VITAMIN B-COMPLEX Take 1 tabket by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 324 (65 Fe) MG TBEC, take 1 tablet by mouth as necessary
Seroquel - Quetiapine Fumarate 50 mg, Oral Tablet by mouth once a day
Qunol Memory Plus 2 Tablets by mouth once a day For Memory
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg 1 Tablet by mouth as necessary Take 1 Tablet on dialysis days prior to dialysis.
Hair, Skin, and Nails (2,500mcg of Biotin) 3 Tablets by mouth once a day
Melatonin - Melatonin 10mg by mouth at bedtime

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , no stair use, bathroom safety, ambulates with device, non-slip surface in tub, no bp right arm, medication safety, hand rails, standard precautions, fall precautions, diabetic precautions, activity supervision

16. Nutrition:

renal diet, diabetic

17. Allergies:

co trimoxazole erythromycin

18.A. Functional Limitations

Hearing, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypo-osmolality and hyponatremia, 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 77-year-old female living alone in a senior apartment building who was recently discharged from Anne Arundel Medical Center following two emergency room visits for dental pain, hyponatremia, and intermittent confusion. She has a significant medical history including ESRD on hemodialysis (three times weekly), CKD-5, CAD, HTN, HLD, controlled Type II diabetes, bipolar disorder, prior CVA, history of cancer, viral hepatitis C, and prior substance use. During the RN admission visit, she was alert and oriented, scoring 13/15 on the BIMS, and was ambulatory with a four-wheeled walker. She exhibited black, tarry stools-likely related to iron supplementation-and declined ER evaluation for a possible GI bleed after receiving education on warning signs. Skin assessment revealed redness and small open areas on the bilateral buttocks, and she was instructed on proper hygiene and barrier cream use. Medication reconciliation showed missing Seroquel and unclear insulin use, prompting a request for an updated medication list from her new PCP, Dr. Richard Haney. The patient reports limited support, relies on taxis for medical appointments, sleeps in a recliner due to chronic dizziness, and has noted balance issues, multiple area rugs in the home, and intermittent leg swelling. PT evaluation identified decreased strength, impaired balance, unsteady gait, and increased fall risk, and home physical therapy was recommended and agreed upon to address functional mobility, safety, and fall prevention. The primary focus of care will include wound and skin management, monitoring functional decline, and education related to chronic disease management, safety, fall precautions, and medication adherence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/03/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/28/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypo-osmolality and hyponatremia
 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> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Haney, Richard

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Richard Haney
7670 Quarterfield Rd,
Glen Burnie, MD 21061
PHONE: 410-508-7650 FAX: NPI: 1447665732

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 : 11/28/2025

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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SN Careplans

SN WK1: 2 (12/03/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 94, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7

CAREGIVER: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 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; 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: plan if patient is unable to make healthcare decisionsPatient has living will and Surrogate Decision Maker; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prnUse 4 wheel walker at all times when ambulating for safety.; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

Patient has no surgical incision. Patient has not had surgery.
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, A1250 - Lack of Necessary Transportation, M1033 - Exhaustion, M1400 - Dyspnea, tarry/bloody stools, M1620 - Bowel Incontinence, limited strength, limited endurance, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit, balance deficit, impaired speech, sore throat or mouth sores, tooth pain/decay/sensitivity, open sores/lesions, red/tender pressure points, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Bilateral buttocks reddend with multiple small openings - As above, multiple very small openings noted on bilateral buttocks. Measurement of largest opening recorded., #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - Patient has redness on bilateral buttocks with one very small open area on her right buttocks.

PROCEDURES: Medication Review: All Medications reviewed with patient/caregiver. , Monitor Blood Sugar : SN will monitor blood sugar each SN visit to monitor for changes. Educate patient regarding s/sx of hypoglycemia and treatment Educate patient regarding s/sx of hyperglycemia and treatment Educate effects of illness on blood sugar and how to maintain blood sugar within normal limits as well as prevent issues. , physician-ordered wound care: Apply Calmoseptine Ointment to bilateral buttocks after each toileting episode., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services, monitor dialysis schedule

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining

SN Goals

PATIENT-STATED GOAL: Patient states I want to get back to.p my baseline;

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 to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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/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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/03/2025

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regular contact with mental health professional avoiding known stressors controlling impulses, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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 home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient living environment has safe floor coverings, 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, Medication Review

patient's transportation needs are met

patient living environment has safe floor coverings

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

Medication Review

PT Careplans

PT WK2: 2 (12/07/25-12/13/25) ,WK3: 2 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26) ,WK9: 1 (01/25/26-01/31/26)

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: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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 - 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: I just want to get stronger than what I currently am.

GOALS
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
* 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 - 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

OT Careplans

OT WK1: 1 (12/03/25-12/06/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26)

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: cough/deep breathing exercises, equipment training, work simplification/energy conservation

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 - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Therapeutic exercise , Balance training

OT Goals

PATIENT-STATED GOAL: to return to earlier functionality, able to do ADLs and drive

GOALS
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

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:

Date

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

Date
12/03/2025

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Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Therapeutic exercise

Balance training

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

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Date

12/03/2025