Home Health Certification and Plan of Care

Order ID: 1150/14720

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30468465570	12/06/2025	From: 12/06/2025 To: 02/03/2026	19870	217058

6. Patient's Name and Address

Yvette Womack
2916 Rosalind Ave,
BALTIMORE, MD 21215-
410-588-7694

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 11/30/1957 | **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	12/06/25

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	12/06/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/06/25
N18.32	Chronic kidney disease stage 3b	12/06/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/06/25
I82.403	Acute embolism and thombos unsp deep veins of low extrm bi	12/06/25
E78.5	Hyperlipidemia unspecified	12/06/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/06/25
I73.9	Peripheral vascular disease unspecified	12/06/25
G47.00	Insomnia unspecified	12/06/25
Z93.3	Colostomy status	12/06/25
Z95.828	Presence of other vascular implants and grafts	12/06/25
Z90.5	Acquired absence of kidney	12/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/06/25
Z79.01	Long term (current) use of anticoagulants	12/06/25
Z79.82	Long term (current) use of aspirin	12/06/25
Z87.891	Personal history of nicotine dependence	12/06/25

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

Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT, 2 puff inhale inhalant every 4 hours AS NEEDED FOR SOB
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 100-25MG; 1 PUFF inhalant once a day COPD
Sennosides - Senna 50MG/8.6MG; 2 TABS by mouth once a day BOWEL REGIMEN
Multiple Vitamins w/ Minerals, Multivitamin-Minerals Take 1 tablet by mouth once a day for supplement, ACTIVE, 8/13/2024
SUPPLEMENT
Aspirin - Aspirin 81 MG Oral Tablet,Take 1 tablet by mouth once a day for blood thinner, 81MG, ACTIVE. 8/13/2024
Atorvastatin Calcium - Atorvastatin Calcium 80 MG Oral Tablet,Take 1 tablet by mouth once a day for HLP, 80MG, ACTIVE,
Furosemide - Furosemide 40 mg 40 MG Oral Tablet,Take 1 tablet by mouth in the morning for chf, 40MG, ACTIVE, 11/22/2024
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 25MG; 2 TABS by mouth once a day BLOOD PRESSURE
Apixaban 5 MG Tablet ,Take 1 tablet by mouth twice a day or blood thinner Give 5 mg by mouth, 5MG, ACTIVE, 8/13/2024
Jardiance - Empagliflozin 10 MG Oral Tablet,Take 1 taablet by mouth once a day a day for DM Take 1 tablet by mouth daily., 10MG, ACTIVE, 8/13/2024
Lansoprazole - Lansoprazole 30 mg 30 MG Capsule,Take 1 tablet by mouth once a day for GERD, 30MG, ACTIVE, 5/9/2025
Sacubitril-Valsartan 24-26 MG Oral Tablet ,Take 1 talet by mouth twice a day for heart failure, 24-26MG, ACTIVE,

8/13/2024
Benzonatate - Benzonatate 100 mg 100MG; 1 TAB by mouth every 12 hours AS NEEDED FOR COUGH
Acetaminophen - Acetaminophen 650 mg 650 MG Oral Tablet,Take 1 tablet by mouth every 8 hours as needed FOR PAIN

14. DME and Supplies:

urinary/catheter supplies, wheelchair, ostomy supplies, commode, hospital bed, cane, walker

15. Safety Measures:

diabetic precautions, , ambulates with device, walker precautions, , infectious material management, emergency phone # clearly displayed, ambulates with assistance, supervision at all times, , activity supervision

16. Nutrition:

diabetic, cardiac diet,

17. Allergies:

erythromycin penicillin

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Wheelchair, Cane, Walker, Up As Tolerated, 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: 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
family/caregiver 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 67-year-old female recently discharged home following a prolonged hospitalization and subsequent rehabilitation stay for multiple complex medical conditions. Her extensive past medical history includes type 2 diabetes mellitus, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, peripheral vascular disease, gastroesophageal reflux disease, chronic congestive heart failure, chronic kidney disease, pulmonary hypertension, right nephrectomy, abdominal aortic aneurysm status post EVAR, deep vein thrombosis status post IVC filter placement (4/23), pelvic abscess status post exploratory laparotomy, colon and rectal injury status post colostomy (10/23), and tracheostomy following hypoxic respiratory failure. She lives with her granddaughter in a multilevel townhouse with a first-floor setup and ambulates short distances using a rollator for safety. At the time of assessment, the patient was alert and oriented 3, denied pain and shortness of breath, and demonstrated diminished bilateral lung sounds. Her appetite is reported as good. Examination revealed a left upper-quadrant colostomy with an intact appliance, brown stool output, and a pink, healthy stoma. She is independent with colostomy care. Mild (+1) bilateral lower-extremity edema was noted, and she uses a walker for household ambulation. Strength assessment showed bilateral lower-extremity weakness at 3<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-%E2%88%92"></mh>/5 on manual muscle testing, and bilateral upper-extremity strength at 3+/5. She requires contact-guard assistance for sit-to-stand transfers, commode transfers, and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Karen Cousins Brown
827 Linden Ave
Baltimore, MD 21201
PHONE: FAX: NPI: 1912921453

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 : 11/18/2025

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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upper- and lower-body dressing. Bathing is performed with assistance in the shower or at the sink on days she cannot safely access the shower. Gait presents with a widened base of support and externally rotated hips; she ambulates short distances using a rollator with contact guard. Bed mobility and transfers remain limited by fatigue and weakness after an extended period of being bedbound prior to rehabilitation. Skilled nursing completed full medication review, including dose, frequency, and potential side effects. The patient is not monitoring blood glucose as recommended and was re-educated on the importance of daily monitoring as well as ostomy management and fall-prevention strategies during ambulation. She was receptive to all education provided. PT instructed her in isometric hip adduction exercises with 5-second holds using a pillow to begin strengthening. Given her decreased strength, limited activity tolerance, impaired balance, and dependence for several ADLs and mobility tasks, skilled physical and occupational therapy services are medically necessary to improve strength, safety, and independence and support the patient's progression toward her prior level of function. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> will continue (1W12W21W6) for ongoing assessment, medication management, and reinforcement of safety and disease-management education. Communication has been sent to obtain necessary ostomy supplies.
 Date of Order 12/06/2025 Orders Physician Face-to-Face Date: 11/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and 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: soc PT Eval Notes: OT Eval Notes: Physician Cousins Brown, Karen

SN Careplans

SN WK1: 1 (12/06/25-12/06/25) ,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)

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; 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.

; 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: M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, dependent edema, M1610 - Urinary Incontinence, limited strength, limited endurance, balance deficit, obesity, M1630 - GI Ostomy

PROCEDURES: cough/deep breathing exercises, ostomy care & irrigation, bladder training, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom

SN Goals

PATIENT-STATED GOAL: I WANT TO STAY HOME

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
* 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
* 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
* ostomy management including how to clean stoma
* change ostomy pouch
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/06/2025

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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, * 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, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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 living environment is clean/uncluttered, meal preparation is available to patient for all meals

PT Careplans

PT 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) ,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: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, 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, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk without a walker

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

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

Medication Review

OT Careplans

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

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: ADLS , Patient/caregiver recalls related purpose and schedule of medications: Medications review , cough/deep breathing exercises, transfers training, 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to go upstairs to shower more than once a week

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

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/06/2025