

Home Health Certification and Plan of Care				Order ID: 1150/14755	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00017254		12/10/2025		From: 12/10/2025 To: 02/07/2026	
				20297	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Carolyn Bethel 6670 Roberts Court Apt 425, GLEN BURNIE, MD 21061- 443-255-9315			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
03/23/1948			Female		
11. ICD		Principal Diagnosis		Date	
I12.0		Hyp chr kidney disease w stage 5 chr kidney disease or ESRD		12/10/25	
13. ICD		Other Pertinent Diagnoses		Date	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		12/10/25	
N18.6		End stage renal disease		12/10/25	
D63.1		Anemia in chronic kidney disease		12/10/25	
N25.81		Secondary hyperparathyroidism of renal origin		12/10/25	
E78.2		Mixed hyperlipidemia		12/10/25	
M54.2		Cervicalgia (M54.2)		12/10/25	
M54.9		Dorsalgia unspecified		12/10/25	
G89.29		Other chronic pain		12/10/25	
H40.51X0		Glaucoma secondary to oth eye disord right eye stage unsp		12/10/25	
Z99.2		Dependence on renal dialysis		12/10/25	
Z79.82		Long term (current) use of aspirin		12/10/25	
Z87.891		Personal history of nicotine dependence		12/10/25	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, rolling walker, hand held shower, bath bench, grab bars, cane, 4 wheeled walker			transfer with assist, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, wheelchair precautions, standard precautions, walker precautions, smoke detectors , medication safety, bathroom safety, ambulates with assistance		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Cane, Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair		
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:			22.B.Discharge Plans		
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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal 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:		<p class="MsoNoSpacing">The physical therapy plan of care was discussed and developed with the patient and primary caregiver, and both are in agreement with the proposed plan. The patient will receive home physical therapy beginning on 12/10/25 with the following frequency: 1 visit for 1 week, 2 visits for 1 week (Monday/Wednesday), 1 visit for 1 week (Monday), 2 visits for 1 week (Monday/Wednesday), and then 1 visit per week for 4 weeks (Monday). The patient is scheduled to follow up with Dr. Watts on 1/5/25.</o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">12/10/2025<o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 10/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat DX: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal 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></p> <p class="MsoNoSpacing"> 1 - SOC - PT Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Watts, Karalee</p>			
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/10/2025					
24. Physician's Name and Address			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.		
Karalee Watts 85 Kindred Way Glen Burnie, MD 21061 PHONE: 4105536360 FAX: 14105536661 NPI: 1972169191			F2F date : 10/15/2025		
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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PT Careplans PT WK1: 1 (12/10/25-12/13/25) ,WK2: 2 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 2 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/05/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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; 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: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, swelling in the arms/legs, coughing, M1400 - Dyspnea, limited strength, muscle weakness, balance deficit, swelling in legs/around eyes PROCEDURES: Medication Review- : Medication reviewed with patient/caregiver. , cough/deep breathing exercises, wheelchair training, 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., static standing balance exercises, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with fall prevention, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance	PT Goals PATIENT-STATED GOAL: I want to get stronger and to be able to walk GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 * 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 03. Partial/moderate assistance Walk 50 ft with 2 Turns - 03. Partial/moderate assistance Walk 150 Feet - 03. Partial/moderate assistance 1 - Step (curb) - 03. Partial/moderate assistance 4 Steps - 03. Partial/moderate assistance 12 Steps - 03. Partial/moderate assistance Picking Up Object - 03. Partial/moderate assistance
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/10/2025