Home Health Certification and Plan of Care

Order ID: 1150/14329

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
03295146000	11/25/2025	From: 11/25/2025 To: 01/23/2026	19821	217058

6. Patient's Name and Address

Towanda Sherrod
525 N AISQUITH ST APT 456,
BALTIMORE, MD 21202-
443-325-2233

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 09/05/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	11/25/25

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	11/25/25
E78.5	Hyperlipidemia unspecified	11/25/25
I87.2	Venous insufficiency (chronic) (peripheral)	11/25/25
N17.9	Acute kidney failure unspecified	11/25/25
B20.	Human immunodeficiency virus [HIV] disease	11/25/25
M06.9	Rheumatoid arthritis unspecified	11/25/25
F31.9	Bipolar disorder unspecified	11/25/25
B19.20	Unspecified viral hepatitis C without hepatic coma	11/25/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/25/25
E55.9	Vitamin D deficiency unspecified	11/25/25
E66.811	Obesity class 1 (E66.811	11/25/25
F17.210	Nicotine dependence cigarettes uncomplicated	11/25/25
Z68.32	Body mass index [BMI] 32.0-32.9 adult	11/25/25
Z79.82	Long term (current) use of aspirin	11/25/25
Z79.01	Long term (current) use of anticoagulants	11/25/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/25/25
Z86.711	Personal history of pulmonary embolism	11/25/25

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

Eliquis - Apixaban 2.5 mg oral tablet by mouth twice a day
Aspirin - Aspirin 81 mg, Oral tablet, Take 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg, Oral tablet by mouth at bedtime
Jardiance - Empagliflozin 10 mg tablet by mouth once a day
Furosemide - Furosemide , 20 mg, Oral tablet by mouth once a day
Gabapentin - Gabapentin 400 mg oral tablet by mouth twice a day
Pantoprazole - Pantoprazole Sodium 40 mg oral tablet, Take 2 tablet by mouth twice a day
Senna - Senna Take 1 tablet oral by mouth twice a day
Acetaminophen - Acetaminophen 650 mg oral tablet by mouth every 6 hours
bictegravir-emtricitabine-tenofovir alafenamide, 200/50/25mg by mouth once a day
buprenorphine-naloxone 12mg sublingual once a day Sublingual
Albuterol - Albuterol 0.09 mg/inh 90 mcg Inhalation inhalant every 6 hours
Nicotine Patch - Nicotine Patch 14mg transdermal once a day QAM
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 25mg by mouth once a day anxiety

14. DME and Supplies:

hand held shower, rolling walker, grab bars, bath bench

15. Safety Measures:

cardiac precautions, , , activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

cardiac diet, fluid restriction, low cholesterol, low sodium

17. Allergies:

aripiprazole buspirone

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

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: good

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 Disease With Heart Failure , 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 an alert, oriented adult with a medical history significant for HIV, hypertension, hyperlipidemia, gastroesophageal reflux disease (on Protonix), obesity, sleep apnea, and congestive heart failure with bilateral lower-extremity edema. She lives alone with assistance from her daughter and receives a personal care assistant five days per week for five hours per day. Today she reports severe left hip pain rated 10/10 and ambulates with a rollator; no open wounds were noted on inspection. Bowel movement was reported this morning. Medication reconciliation was completed; the patient identified current and discontinued medications and demonstrated understanding of each medication's purpose and common side effects. She uses Midtown Pharmacy for prescriptions and reports nicotine patch use and an episodic cigarette yesterday; education was provided regarding nicotine use and <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-anticoagulant%20precautions">anticoagulant precautions</mh>. Nursing education included daily weight monitoring and fluid/sodium restriction for management of CHF, recognition of signs/symptoms of fluid overload and when to call the provider, and reinforcement of lipid and GERD medication information. Planned coordination of care includes cardiology follow-up on 12/4 and primary care and vascular appointments on 12/3 and 12/5; physical and occupational therapy evaluations were ordered to address mobility and activities-of-daily-living deficits. The skilled nursing plan is weekly <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for four weeks (1w4) to monitor edema and weight, reassess pain and functional status, reinforce CHF and medication education, coordinate PT/OT and specialist appointments, and escalate care as indicated.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 11/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Heart Disease With Heart Failure 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 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kapil Saharia
22 S. Greene St
Baltimore, MD 21201
PHONE: 4102258369 FAX: 14108563515 NPI: 1922282631

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 : 11/19/2025

27. Attending Physician's Signature and Date Signed **12/04/2025**: 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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14px;">Physician Saharia, Kapil

SN Careplans

SN WK1: 1 (11/25/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25)

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

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, weight gain > 2lb/24 h OR 5lb/1 wk, swelling in the arms/legs, heartburn/indigestion, increased urine output, limited range of motion, muscle weakness, limited endurance, limited strength, poor muscle tone, swelling of affected area, balance deficit, Pain Effect on Sleep, pain radiating to arms/legs, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, monitor intake & output, coordinate/arrange preparation of missing meals

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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 support the immune system including personal hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette diet fluid intake, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, 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, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, 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 swelling

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* low cholesterol dietary guidelines
* 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
* 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
* how to support the immune system including personal hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* diet
* fluid intake
* 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/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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025

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patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
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