

Home Health Certification and Plan of Care				Order ID: 1150/14887	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36299522		12/12/2025		From: 12/12/2025 To: 02/09/2026	
				4. Medical Record No.	
				20360	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Maurice Edwards				HomeCentris Healthcare LLC	
8007 Stratman Road,				10 Crossroads Drive, Suite 102	
Dundalk, MD 21222-				Owings Mills, MD 21117-8284	
443-953-2046				410-321-8448	
				1487113239	
8. DOB				9.Sex	
12/03/1970				Male	
11. ICD		Principal Diagnosis		Date	
I47.19		Other supraventricular tachycardia		12/12/25	
13. ICD		Other Pertinent Diagnoses		Date	
I12.0		Hyp chr kidney disease w stage 5 chr kidney disease or ESRD		12/12/25	
N18.6		End stage renal disease		12/12/25	
Z99.2		Dependence on renal dialysis		12/12/25	
I48.91		Unspecified atrial fibrillation		12/12/25	
I26.99		Other pulmonary embolism without acute cor pulmonale		12/12/25	
I82.C12		Acute embolism and thrombosis of left internal jugular vein		12/12/25	
I72.4		Aneurysm of artery of lower extremity		12/12/25	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		12/12/25	
E78.5		Hyperlipidemia unspecified		12/12/25	
G40.909		Epilepsy unsp not intractable without status epilepticus		12/12/25	
Z79.01		Long term (current) use of anticoagulants		12/12/25	
Z95.818		Presence of other cardiac implants and grafts		12/12/25	
14. DME and Supplies:				15. Safety Measures:	
rolling walker, cane				cardiac precautions, bathroom safety,	
16. Nutrition:				17. Allergies:	
renal diet				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Dyspnea With Minimal Exertion, Ambulation				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: 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Other Supraventricular Tachycardia, 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:hemodialysis, hyperlipidemia, nonsustained ventricular tachycardia, and other chronic conditions. He is alert and oriented 4. The patient was recently hospitalized for shortness of breath following dialysis and was found to have marked ventricular ectopy that progressed to a ventricular tachycardia storm, requiring ventricular tachycardia ablation with VA-ECMO support. He is currently wearing a LifeVest, which was initiated on 12/10/25. Comprehensive education was provided regarding proper LifeVest use, battery monitoring and replacement, and the importance of continuous compliance. On assessment, vital signs were within normal limits, and the patient was in no acute respiratory distress. A vascular surgical site was noted at the left groin with sutures intact; however, wound edges were not well approximated. The primary care provider was notified, and a request for wound care orders was initiated, with the appropriate fax number provided. The patient reports pain rated at 7/10 localized to the hips and back, along with generalized exhaustion, occasional headaches, heartburn, and intermittent dizziness/lightheadedness. He resides alone in the basement of a relative's home, with his mother temporarily present for additional support. He ambulates indoors with a cane and uses a rollator for outdoor mobility. The patient attends hemodialysis treatments three times weekly on Tuesday, Thursday, and Saturday. Medication reconciliation was completed, and education was provided regarding medication adherence, indications, and potential side effects, as well as pain management strategies. From a functional standpoint, the patient presents with moderate pain and postoperative edema. Therapeutic exercises were performed and demonstrated, including quadriceps isometrics, heel slides, marching, side slides, straight leg raises, joint mobilization, and long arc quadriceps exercises. In standing, the patient completed marching, side kicks, and heel raises, performing 10 repetitions for two sets. Gait training was provided with emphasis on heel-to-toe pattern using a rolling walker to improve safety and efficiency. The patient was also instructed and set up for ice application to assist with pain and edema management. The plan of care includes continued skilled nursing and therapy services to monitor cardiac status and surgical wound healing, reinforce LifeVest and medication compliance, manage pain and edema, improve strength and mobility, reduce fall risk, and support safe functional independence within the home environment. Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 12/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA ADL's SW due to Other Supraventricular Tachycardia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/12/2025					
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.	
Dennis Odle				F2F date : 12/01/2025	
9106 Philadelphia Rd					
Baltimore, MD 21237					
PHONE: 4107801980 FAX: 14107801984 NPI: 1578593273					
27. Attending Physician's Signature and Date Signed 12/19/2025 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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style="font-size: 14px;">1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>Physician</div><div>Odle, Dennis</div>

SN Careplans SN WK1: 1 (12/12/2025 - 12/13/2025), WK2: 1 (12/14/2025 - 12/20/2025), WK3: 1 (12/21/2025 - 12/27/2025), WK4: 1 (12/28/2025 - 01/03/2026), WK5: 1 (01/04/2026 - 01/07/2026) 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; 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, lightheadedness, abnormal blood pressure, limited strength, Pain interference with ADLs, headache, balance deficit, open sores/lesions, #1 - Observable Surgical Wound - Anterior Left Groin - Surgical wound with staples intact. PROCEDURES: Medication Review: Medication reviewed by patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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	SN Goals PATIENT-STATED GOAL: to get better 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 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 self-administers medications as prescribed * 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 take the patient's blood pressure * record the reading * 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/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule
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PT Careplans PT WK1: 1 (12/12/25-12/13/25) 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 , cough/deep breathing exercises, incentive spirometer, therapeutic exercises, 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: To get stronger and walk betetr 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
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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	12/12/2025

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		Walk 25 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		

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