# 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 | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 36299522 | 12/12/2025 | From: 12/12/2025 To: 02/09/2026 | 20360 | 217058 |

**6. Patient's Name and Address**
Maurice Edwards
8007 Stratman Road,
Dundalk, MD 21222-
443-953-2046

**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** 12/03/1970 | **9.Sex** 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 | Athscl 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 |

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

trelegy ellipta 10-26.5-25 mcg dsdv,inhale 1 puff inhalant in the morning rinse out mouth with water after each use
Flonase - Fluticasone Propionate 50 mcg/actuation nasal spray,2 spray topical twice a day as needed
vitamin b complex-vitamin c folic acid 0.8mg tablet,Take 1 tabletr by mouth once a day supplement
Zyloprim - Allopurinol 100 MG tablet,Take 1 tablet by mouth once a day GOUT
Lipitor - Atorvastatin Calcium 80 MG tablet,Take 1 tablet by mouth at bedtime Cholesterol
Sodium Chloride 0.65% 2 puffs inhalant four times a day as needed for irritation (dry nares)
Eliquis - Apixaban 5mg, take 1 tablet by mouth twice a day blood thinner
Plavix - Clopidogrel Bisulfate 75 mg, take 1 tablet by mouth once a day antiplatelet
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 25 mg, take 1 tablet by mouth at bedtime Heart
Protonix - Pantoprazole Sodium 40 mg by mouth once a day

**14. DME and Supplies:**
rolling walker, cane

**15. Safety Measures:**
cardiac precautions, bathroom safety,

**16. Nutrition:**
renal diet

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Dyspnea With Minimal Exertion, Ambulation

**18.B. Activities Permitted**
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:**
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 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:**
The patient is a 55-year-old male with a past medical history significant for hypertension, end-stage kidney disease on 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. <br> 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 <br> <span

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 12/12/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Dennis Odie
9106 Philadelphia Rd
Baltimore, MD 21237
PHONE: 4107801980 FAX: 14107801984 NPI: 1578593273

**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 : 12/01/2025

**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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style="font-size: 14px;">1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Odie, Dennis

## 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

## 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

| Signature of Physician: | Date |
|---|---|
| | |



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

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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

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

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
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