Home Health Certification and Plan of Care

Order ID: 1150/15047

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
66296915	12/19/2025	From: 12/19/2025 To: 02/16/2026	20591	217058

6. Patient's Name and Address
Guadalupe Montenegro
1639 Montpeiler Street,
BALTIMORE, MD 21218-
443-509-4958

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 11/28/1964 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.21	Acute and chronic respiratory failure with hypoxia	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
J96.22	Acute and chronic respiratory failure with hypercapnia	12/19/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/19/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/19/25
I50.30	Unspecified diastolic (congestive) heart failure	12/19/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/19/25
N18.32	Chronic kidney disease stage 3b	12/19/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/19/25
I70.90	Unspecified atherosclerosis	12/19/25
E78.5	Hyperlipidemia unspecified	12/19/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	12/19/25
E66.01	Morbid (severe) obesity due to excess calories	12/19/25
Z68.42	Body mass index [BMI] 45.0-49.9 adult	12/19/25
Z79.01	Long term (current) use of anticoagulants	12/19/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/19/25
Z79.4	Long term (current) use of insulin	12/19/25
Z87.891	Personal history of nicotine dependence	12/19/25

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

Atorvastatin - Atorvastatin Calcium 40 mg, Tablet by mouth once a day atorvastatin, 40 mg, Oral, 1X daily
cholesterol
Clopidogrel - Clopidogrel 75 mg, Tablet by mouth once a day clopidogrel, 75 mg, Oral, 1X daily
BLOOD THINNER
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg 60 mg, Tablet by mouth once a day DULoxetine, 60 mg, Oral, 1X daily
ANTIDEPRESSANT
Gabapentin - Gabapentin 600 mg 600MG; 1/2 TAB by mouth three times a day gabapentin, 300 mg, Oral, 3X daily
PAIN
Humulin R - Insulin Recombinant Human 500 units/ml 500UNITS/ML subcutaneous three times a day 80 UNTS BEFORE BREAKFAST
70 UNITS BEFORE LUNCH
60 UNITS BEFORE DINNER
Losartan Potassium - Losartan Potassium 25 mg 25 mg, Tablet by mouth once a day losartan, 25 mg, Oral, 1X daily
BLOOD PRESSURE
Montelukast Sodium - Montelukast Sodium 10 mg 10 mg, Tablet by mouth once a day montelukast, 10 mg, Oral, 1X daily QPM
ALLERGIES
Januvia - Sitagliptin Phosphate eq 50 mg base 50MG; 1 TAB by mouth once a day DM
Torsemide - Torsemide 20 mg 20MG; 2 TABS by mouth once a day [Held by provider] torsemide, 40 mg, Oral, 1X daily
HEART FAILURE
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000MCG; 1 TAB by mouth once a day SUPPLEMENT
Acetaminophen - Acetaminophen 500MG; 2 TABS by mouth three times a day PAIN
Albuterol Inhaler - Albuterol 108 (90 BASE) MCG.ACT; 2 PUFFS inhalant every 6 hours AS NEEDED FOR SOB/WHEEZING
Diclofenac Sodium - Diclofenac Sodium 1 % ; 2G topical four times a day AS NEEDED FOR PAIN TO RIGHT LEG AND ANKLE
Ipratropium - Ipratropium Bromide 0.03%; 2 SPRAYS inhalant twice a day AS NEEDED FOR NASAL CONGESTION
O2 - Oxygen 2L nasal cannula as necessary COPD

14. DME and Supplies:
diabetic supplies, bath bench, walker, oxygen supplies, cane

15. Safety Measures:
standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, O2 precautions, ambulates with assistance, medication safety, sharps precautions, cardiac precautions, anticoagulant precautions, activity supervision

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
bee venom

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Cane, Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., 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:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute and chronic respiratory failure with hypoxia, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sabaina Arshad
1701 N George Mason Dr
Arlington, MD 22205
PHONE: 410-847-3000 FAX: NPI: 1821449216

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 : 12/15/2025

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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Clinical Condition Requiring Homecare:

The patient is a 61-year-old individual recently hospitalized for a rhinovirus lung infection resulting in acute respiratory failure with hypoxia and hypercarbia. Past medical history is significant for COPD (on nocturnal oxygen at 2 L), obstructive sleep apnea on BiPAP, congestive heart failure, essential hypertension, diabetes mellitus, chronic kidney disease, dyslipidemia, atherosclerosis, and obesity. The patient is alert and oriented 3, with a fasting blood sugar of 150 mg/dL, denies pain and shortness of breath at the time of visit, and reports a good appetite with last bowel movement today. Lung sounds are diminished throughout. The patient is not using an assistive device in the home but has a walker and cane available. Family assists with all ADLs and IADLs. Skilled nursing visits are ordered, and a physical therapy evaluation has been initiated. Skilled nursing reviewed all medications, including doses, frequency, and pertinent side effects, and provided education on signs and symptoms of bleeding; the patient's daughter will follow up with the physician regarding anticoagulant use, and both verbalized understanding. Functionally, the patient ambulates indoors 30 feet 2 without a device under supervision, negotiates 13 steps with a rail and supervision, and transfers to bed, chair, and toilet with supervision. The patient lives with her husband in a row house with four steps and a rail to enter, with bedroom and bathroom on the second floor. The patient is considered homebound due to the significant effort required to leave the home, as evidenced by a Tinetti score of 16/28, and would benefit from home therapy to improve strength and return to greater independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/19/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 12/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Acute and chronic respiratory failure with hypoxia
 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>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Arshad, Sabaina

SN Careplans

SN WK1: 1 (12/19/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26) ,WK8: 1 (02/01/26-02/07/26)

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

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: M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, coughing, lung sounds not clear, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, incentive spirometer, coordinate/arrange for maintenance of clean/uncluttered living area

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO TAKE CARE OF MYSELF

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
* 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
* 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
* 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
* 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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/19/2025

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PT WK1: 1 (12/19/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 04. Supervision or touching assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance

PROCEDURES: Home exercise program : Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction , Dynamic and static standing balance training, cough/deep breathing exercises, equipment training, 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 medicatio, * 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 relaxatio, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: I want to be able to go to the grocery store and shop

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 medicatio

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 relaxatio

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/19/2025