Home Health Certification and Plan of Care

Order ID: 1150/15066

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8YM9HX4DV14	12/23/2025	From: 12/23/2025 To: 02/20/2026	20580	217058

6. Patient's Name and Address

Ethel Clark
325 Fifth Ave,
HALETHORPE, MD 21227-
410-865-9121

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 08/09/1940 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	12/23/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/23/25
N18.31	Chronic kidney disease stage 3a	12/23/25
D63.1	Anemia in chronic kidney disease	12/23/25
M17.11	Unilateral primary osteoarthritis right knee	12/23/25
E78.2	Mixed hyperlipidemia	12/23/25
M10.9	Gout unspecified	12/23/25
E03.9	Hypothyroidism unspecified	12/23/25
G47.00	Insomnia unspecified	12/23/25
J45.909	Unspecified asthma uncomplicated	12/23/25
K59.01	Slow transit constipation	12/23/25
F33.0	Major depressive disorder recurrent mild	12/23/25
M62.50	Muscle wasting and atrophy NEC unsp site	12/23/25
G89.4	Chronic pain syndrome	12/23/25
F41.1	Generalized anxiety disorder	12/23/25
E46.	Unspecified protein-calorie malnutrition	12/23/25
E55.9	Vitamin D deficiency unspecified	12/23/25
F51.02	Adjustment insomnia	12/23/25
E66.01	Morbid (severe) obesity due to excess calories	12/23/25
Z96.642	Presence of left artificial hip joint	12/23/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/23/25

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

Acetaminophen - Acetaminophen 325 MG Oral Tablet,take 2 tablet by mouth every 8 hours for Pain DO
Albuterol Sulfate - Albuterol Sulfate 108(90 Base MCG/ACT 1 application inhale inhalant every 6 hours Albuterol Sulfate HFA Aerosol Solution 108 (90 Base MCG/ACT 1 application inhale orally every 6 hours as needed for Asthma
Albuterol Sulfate - Albuterol Sulfate 108 F (90 Base) MCG/ACT ,2 puff inhale inhalant once a day Albuterol Sulfate HFA Inhalation Aerosol Solution 108 F (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale orally one time a day for asthma rinse mouth after use
Allopurinol - Allopurinol 100 MG Oral Tablet,take 1 tablet by mouth once a day for Gout
Escitalopram Oxalate - Escitalopram Oxalate 10 MG Oral Tablet,take 1 tablet by mouth once a day for Depression
Famotidine - Famotidine 20 MG Oral Tablet,take 1 tablet by mouth twice a day for gerd
Glipizide - Glipizide 2.5 MG Oral Tablet,take 1 tablet by mouth once a day for DM
Hydralazine And Hydrochlorthiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 MG Oral Tablet,take 1 tablet by mouth once a day for HTN Hold for sbp les than 110
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 5-325 MG Oral Tablet,take 1 tablet by mouth every 12 hours as needed for Pain
Levothyroxine Sodium - Levothyroxine Sodium 75 MCG Oral Tablet,take 1 tablet by mouth once a day a day for hypothyroidism
Lisinopril - Lisinopril 40 MG Oral Tablet,take 1 tablet by mouth once a day for HTN Hold for sbp less than 110
Loratadine - Loratadine 10 MG Tablet,take 1 tablet by mouth once a day for allergy Rhinitis
Menthol Mouth/Throat Lozenge (Menthol (Mouth- Throat)) Take 1 tablet by mouth every 2 hours as needed for Sore Throat
Pravastatin Sodium - Pravastatin Sodium 40 MG Oral Tablet ,take 1 tablet by mouth at bedtime for HYPERLIPIDEMIA
Sennosides - Senna 8.6 MG Oral Tablet,take 2 tablet by mouth every 12 hours as needed for bowel regimen HOLD FOR LOOSE STOOL
Lopressor - Metoprolol Tartrate 50 mg 1 tab by mouth twice a day Take 1 tab twice daily
Voltaren Gel - Rolaids 1 inch topical once a day Patient applies to BLE knees prior to bedtime.

14. DME and Supplies:

walker, rolling walker, hand held shower, grab bars, diabetic supplies, cane, bath bench, 4 wheeled walker

15. Safety Measures:

bleeding precautions, emergency phone # clearly displayed, walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , sharps precautions, restricted ROM, non-slip surface in tub, medication safety, hip precautions, fall precautions, cardiac precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

codeine halothane latex oxycodone propoxyphene sulfamethizole trimethoprim

18.A. Functional Limitations

Ambulation, Endurance, Hearing

18.B. Activities Permitted

Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

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: Yes

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Yelena Lipnik
900 S Caton Ave Lot J
Baltimore , MD 21229
PHONE: 4103692000 FAX: 14103692008 NPI: 1487694899

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 : 12/17/2025

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 an 85-year-old female status post elective left total hip replacement on 9/3/25, who was discharged to subacute rehabilitation at Meadow Park Rehab on 9/9/25 and subsequently discharged home on 12/18/25. Her rehabilitation stay was complicated by influenza and bronchitis. Past medical history includes obstructive sleep apnea, asthma, COPD, type 2 diabetes mellitus, hypertension, hyperlipidemia, hypothyroidism, gout, depression, anxiety, and chronic right shoulder pain. The patient resides in a single-family home with her daughter, who works full time as a correctional officer, and her granddaughter, who serves as the primary daytime caregiver, along with a one-year-old great-granddaughter. The home has 13 steps at the front entrance. The patient is a full code and ambulates with a rollator and one-person assistance. She has a history of multiple falls over the past year and reports fatigue, low energy, and feelings of sadness, stating she attempts to help around the home but feels limited by her endurance. Medication reconciliation and discharge paperwork were reviewed; several prescriptions, including preprandial insulin and Xanax, had not yet been filled, and the patient had not taken her medications prior to nursing arrival. Blood glucose at the visit was 109 mg/dL, and the patient follows a carbohydrate-controlled diet. Education was provided to the caregiver regarding the importance of promptly filling prescriptions. The surgical incision is fully healed, and allergies include codeine, oxycodone, Bactrim, and pentazocine. The patient demonstrates pain, decreased bilateral lower-extremity strength, impaired balance, unsteady gait, difficulty with transfers and stair negotiation, poor safety awareness, and increased fall risk. Skilled home physical therapy is medically necessary to address these deficits, improve functional mobility and safety, and reduce fall risk. The patient and caregiver are in agreement with the physical therapy plan of care, with services scheduled to begin on 12/24/25.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/23/2025<o:p></o:p> Physician Face-to-Face Date: 12/17/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Lipnik, Yelena

SN Careplans

SN WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Exhaustion, dependent edema, M1400 - Dyspnea, constipation, poor muscle tone, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B0200 - Hearing Deficit, balance deficit, weak hand grips, daytime fatigue, difficulty sleeping, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises: Patient was educated on how to properly use deep breathing exercises to help with her anxiety and exercise her lungs., incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Patient has a whiteboard to write all medications she takes daily on and when/why she takes each medication for.

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 medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 relaxatio, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * dietary guidelines for managing nutritional deficit, 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 medic, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work

SN Goals

PATIENT-STATED GOAL: I want to have my strength back so I can help around the house more

GOALS
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, sch

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 medic

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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 medicatio

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025

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simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, caregiver administers and/or packages medications appropriately

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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (12/23/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: 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., therapeutic modalities: Apply ice to R shoulder, bil knees x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to move around and to be able to get up and down the steps

GOALS
Toilet Transfer - 06. Independent

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Signature of Physician:

Date

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

Date
12/23/2025

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