Home Health Certification and Plan of Care

Order ID: 1150/15089

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10029697	12/19/2025	From: 12/19/2025 To: 02/16/2026	20542	217058

6. Patient's Name and Address

Gwendolyn Jordan
5200 Bowleys Lane Apt 308,
BALTIMORE, MD 21206-
410-400-1437

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 08/09/1938 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
A41.9	Sepsis unspecified organism	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
J15.4	Pneumonia due to other streptococci	12/19/25
J96.01	Acute respiratory failure with hypoxia	12/19/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/19/25
I50.32	Chronic 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
D63.1	Anemia in chronic kidney disease	12/19/25
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	12/19/25
M10.9	Gout unspecified	12/19/25
E03.9	Hypothyroidism unspecified	12/19/25
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	12/19/25
Z79.01	Long term (current) use of anticoagulants	12/19/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/19/25
Z86.718	Personal history of other venous thrombosis and embolism	12/19/25
Z91.81	History of falling	12/19/25

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

Furosemide - Furosemide 20 mg 20mg; 1 tab by mouth once a day fluid pill
Zyloprim - Allopurinol 100 mg 100 mg tablet,Take 1 tablet by mouth once a day gout
Synthroid - Levothyroxine Sodium 0.1 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 100 mcg tablet,Take 1 tablet by mouth once a day hypothyroidism
Mirtazapine - Mirtazapine 7.5 mg 7.5mg; 1 tab by mouth once a day depression
Tradjenta - Linagliptin 5 mg tab tablet,Take 1 tablet by mouth once a day DM
Prilosec - Omeprazole 20 mg 20mg capsule,Take 1 capsule by mouth once a day STOMACH
Cozaar - Losartan Potassium 100 mg 100 mg tablet,Take 1 tablet by mouth once a day BLOOD PRESSURE
Eliquis - Apixaban 5 mg tablet,Take 1 tablet by mouth twice a day BLOOD THINNER
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,250 mcg (50,00 units) capsule,Take 1 capsule by mouth once a week SUPPLEMENT
Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Tylenol Arthritis - Acetaminophen 650mg ct tablet,Take 2 tablet by mouth twice a day PAIN
Voltaren - Diclofenac Sodium topical gel 90 duration topical once a day PAIN
Carvedilol - Carvedilol 25 mg 1 tablet by mouth twice a day With meals for blood pressure

14. DME and Supplies:

grab bars, walker, , bath bench

15. Safety Measures:

diabetic precautions, , ambulates with device, walker precautions, ,

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

ace inhibitors amlodipine nifedipine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

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: 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 Sepsis Unspecified Organism, 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 87-year-old individual recently hospitalized for acute respiratory failure with hypoxia, sepsis, and multifocal pneumonia. Past medical history is significant for diastolic congestive heart failure, chronic kidney disease stage III, transaminitis, demand ischemia, diabetes mellitus, prior myocardial infarction, gout, arthralgia, history of falls, and a right rotator cuff tear. The patient previously resided alone in a senior independent living, elevator-accessible apartment and was fully independent with basic self-care, functional transfers, and functional ambulation prior to hospitalization, with assistance from children for instrumental activities of daily living such as driving and grocery shopping. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are ordered at a frequency of 1 visit per week for 1 week, then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, followed by 1 visit per week for 2 weeks. Physical therapy and occupational therapy evaluations have been ordered. On assessment, the patient was alert and oriented to person, place, and time, and denied pain and shortness of breath. Lung sounds were clear throughout all fields. The patient reported a fair appetite and last bowel movement occurred the previous day. Physical examination revealed bilateral lower extremity edema at +1. The patient ambulated using a walker for safety. Functional assessment demonstrated the patient is able to ambulate approximately 30 feet on indoor surfaces without an assistive device but requires close supervision. Transfers from bed, chair, and toilet, as well as bed mobility, were performed with supervision. Outside ambulation, stair negotiation, and car transfer were not assessed during this visit. The patient is considered homebound due to the significant effort required to leave the home, as evidenced by a Tinetti balance and gait score of 14/28, indicating a high fall risk. During the skilled nursing visit, all medications were reviewed in detail, including dosages, frequencies, and potential side effects. The patient was instructed on signs and symptoms of bleeding and demonstrated verbal understanding. Heart failure education was initiated, including instruction on daily weight monitoring, recognition of worsening symptoms, and criteria for notifying the physician. The patient verbalized understanding of the education provided but will require ongoing reinforcement. No acute distress was noted during the visit. Physical therapy evaluation revealed decreased strength, balance, and endurance compared to prior level of function. The patient tolerated therapeutic exercises including 10 repetitions of seated knee extensions and ankle pumps, as well as supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, and hip abduction. Occupational therapy assessment identified decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance,

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

Susan Besser
7602 Belair Rd
Baltimore, MD 21236
PHONE: 4106638100 FAX: 14106638119 NPI: 1902968597

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 : 12/11/2025

27. Attending Physician's Signature and Date Signed **01/05/2026**: 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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resulting in limitations in self-care, functional transfers, and functional ambulation tasks. The patient would benefit from continued skilled nursing services for ongoing assessment, medication management, and reinforcement of disease process education, particularly related to heart failure management. Skilled physical therapy is recommended to address deficits in strength, balance, and mobility in order to reduce fall risk and facilitate a return toward prior independence. Skilled occupational therapy is recommended to improve upper extremity strength, activity tolerance, and safety with self-care and functional tasks to support return to prior level of function.
 Date of Order 12/19/2025 Orders Physician Face-to-Face Date: 12/11/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Sepsis Unspecified Organism 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 PT Eval Notes: OT Eval Notes: Physician Besser, Susan

SN Careplans

SN WK1: 1 (12/19/2025 - 12/20/2025), WK2: 1 (12/21/2025 - 12/27/2025), WK3: 1 (12/28/2025 - 01/03/2026), WK4: 1 (01/04/2026 - 01/10/2026), WK5: 1 (01/11/2026 - 01/13/2026)

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited strength, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: "I NEVER BEEN SICK. I WANT TO GET WELL"

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 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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
* 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

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 (12/19/2025 - 12/20/2025), WK3: 1 (12/28/2025 - 01/03/2026), WK4: 1 (01/04/2026 - 01/10/2026), WK5: 1 (01/11/2026 - 01/13/2026)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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 hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats , Bed mobility training , Dynamic and static standing balance training, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 - 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, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: I want to go back to being independent with my cane

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
* 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 - 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

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (12/19/2025 - 12/20/2025), WK4: 1 (01/04/2026 - 01/10/2026), WK5: 1 (01/11/2026 - 01/13/2026)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance

PROCEDURES: equipment training, work simplification/energy conservation, therapeutic exercises, cough/deep breathing exercises, incentive spirometer, assist with bathing

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/19/2025