Home Health Certification and Plan of Care

Order ID: 1150/15129

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41203120500	12/23/2025	From: 12/23/2025 To: 02/20/2026	20690	217058

6. Patient's Name and Address
Frances Hawkins
3530 RESOURCE DR APT 131,
RANDALLSTOWN, MD 21133-
410-922-1669

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 06/14/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	12/23/25
D63.1	Anemia in chronic kidney disease	12/23/25
M16.0	Bilateral primary osteoarthritis of hip	12/23/25
E78.00	Pure hypercholesterolemia unspecified	12/23/25
I65.29	Occlusion and stenosis of unspecified carotid artery	12/23/25
K59.09	Other constipation	12/23/25
Z79.82	Long term (current) use of aspirin	12/23/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/23/25
Z87.891	Personal history of nicotine dependence	12/23/25
Z91.81	History of falling	12/23/25

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

Linzess - Linaclotide 145 mcg oral capsule,take1 capsule by mouth once a day (Linzess 145 mcg oral capsule), 145 mcg= 1 capsule, PO, QDay
ocular lubricant 1 gtt, eye(each both eyes once a day t(Artificial Tears preserved ophthalmic solution), 1 gtt, eye(each), QID, PRN, 1 refills
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 1 tablet by mouth once a day Blood pressure
vibegron 75 mg oral tablet,Take 1 tablet by mouth once a day Bladder
Amlodipine - Amlodipine Besylate 10 mg oral tablet,Take 1 tablet by mouth once a day Blood pressure
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day Blood pressure
Fluticasone Propionate - Fluticasone Propionate 0.05 mg/spray 1 spray nasal once a day In each nostril for sinuses
Farxiga - Dapagliflozin Propanediol 10 mg oral tablet by mouth once a day
Aspirin - Aspirin 81 mg oral tablet,take 1 tablet by mouth once a day Heart health
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Supplement
Pravastatin - Pravastatin Sodium 20 mg oral tablet,take 1 tablet by mouth at bedtime Cholesterol
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 iu(25mcg) by mouth once a day Supplement

14. DME and Supplies:
walker, hand held shower, commode, cane, bath bench, 4 wheeled walker

15. Safety Measures:
emergency phone number prominently displayed, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, 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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hypertensive Chronic Kidney Disease With 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.

Clinical Condition Requiring Homecare:
The patient is an 81-year-old female who was recently hospitalized due to dehydration and generalized weakness and has a past medical history significant for hypertension, anemia, chronic renal insufficiency, and carotid stenosis. She lives alone in an apartment within a senior living building and receives intermittent assistance from neighbors for activities of daily living and instrumental activities of daily living. Prior to her recent decline, the patient reports that approximately eight months ago she was able to ambulate longer distances in the building hallway with the use of a rollator. At the time of start-of-care assessment, she presents with decreased bilateral lower extremity strength, measured at approximately 3-/5 on manual muscle testing, and is limited by fatigue and pain. She requires contact guard assistance for sit-to-stand and toilet transfers, contact guard to minimal assistance for short-distance ambulation with a rollator, minimal assistance for bed mobility, and standby assistance for commode transfers. She currently requires assistance with bathing and dressing and performs bathing at the sink with assistance. Upper extremity assessment reveals limited range of motion in both shoulders, with inability to lift the arms above head level, contributing to decreased independence with self-care tasks. Physical therapy start-of-care was completed, and the patient was instructed in an initial home exercise program consisting of seated bilateral lower extremity therapeutic exercises, including knee extensions and hip flexion, to be performed once daily for 10 repetitions; the patient verbalized understanding of the instructions. Skilled physical therapy services are medically necessary to address deficits in strength, balance, endurance, and functional mobility, with the goal of improving safety, reducing fall risk, and increasing independence in transfers and ambulation to facilitate return toward prior level of function. Occupational therapy evaluation identified continued need for skilled OT services to address upper extremity limitations and self-care deficits; however, the patient reported she is changing insurance to a plan not accepted by the current agency and was instructed to seek

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
Trung Pham
5415 Old Court Road Ste 102
Randallstown, MD 21133
PHONE: 410-701-4600 FAX: 14107014481 NPI: 1669491999

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 : 12/16/2025

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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another home health provider to continue OT services. The patient verbalized understanding of this instruction. The plan of care focuses on skilled physical therapy for strengthening, balance training, functional mobility, and safety education, with coordination of care and patient education to support safe functioning within the home environment.
 Date of Order 12/23/2025 Orders Physician Face-to-Face Date: 12/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Hypertensive Chronic Kidney Disease With 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
 1 - SOC - PT Notes: soc OT Eval Notes: Physician Pham, Trung

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/23/2025 - 12/27/2025), WK2: 1 (12/28/2025 - 01/03/2026)

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: 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), 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer - 01. Dependent, 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, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal 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, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited strength, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities

PROCEDURES: Medication Review: medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Toilet Transfer - 03. Partial/moderate assistance, 1 - Step (curb) - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
1 - Step (curb) - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

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

Toilet Transfer - 03. Partial/moderate assistance

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

Picking Up Object - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

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

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/23/2025

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OT WK1: 1 (12/23/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 04. Supervision or touching assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 06. Independent

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, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

PATIENT-STATED GOAL: Eval only

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 medicatio

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025