Home Health Certification and Plan of Care

Order ID: 1150/15126

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
521299365	12/23/2025	From: 12/23/2025 To: 02/20/2026	20728	217058

6. Patient's Name and Address
Mary Zimmerer
8800 Walther Blvd Apt 2215,
PARKVILLE, MD 21234-
410-248-4248

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 10/27/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/23/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/23/25
N18.31	Chronic kidney disease stage 3a	12/23/25
E03.9	Hypothyroidism unspecified	12/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/23/25
E78.5	Hyperlipidemia unspecified	12/23/25
N39.46	Mixed incontinence	12/23/25
E66.9	Obesity unspecified	12/23/25
Z68.31	Body mass index [BMI] 31.0-31.9 adult	12/23/25
Z96.653	Presence of artificial knee joint bilateral	12/23/25
Z95.5	Presence of coronary angioplasty implant and graft	12/23/25

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

Aspirin - Aspirin 81 mg, Tablet by mouth once a day aspirin, 81 mg, Oral, 1X daily
Atorvastatin - Atorvastatin Calcium 80 mg, Tablet by mouth at bedtime atorvastatin, 80 mg, Oral, nightly
Levothyroxine - Levothyroxine Sodium 50 mcg, Tablet by mouth once a day levothyroxine, 50 mcg, Oral, 1X daily before breakfast
Melatonin - Melatonin 3 mg, Tablet by mouth at bedtime melatonin, 3 mg, Oral, nightly
Brilinta - Ticagrelor 90 mg, Tablet by mouth twice a day ticagrelor, 90 mg, Oral, 2X daily
Acyclovir - Acyclovir 800 mg 1 Tab by mouth three times a day Take one tabthree times a day for viralherpes simplex.
Aristocort A - Triamcinolone Acetonide 0.1 perc topical twice a day Apply to affected areas 2 ti esdaily for up to 2 weeks then as needed. Do not apply to face or groin.
Norco - Acetaminophen: Hydrocodone Bitartrate 325 mg;10 mg 1 tab by mouth three times a day Take 1 tab3 times daily as needed for severe pain.
Predisone - Prednisone See comments by mouth as necessary Take 6 tabs on day1, then 5 tabs on day 2, then 4 tabs on day 3, then 3 tabs on day 4 then2 tabs on day 5 then 1 tab on day 6.
Gruns Fiber gum 6g by mouth once a day Fiber Supplement gummies for bowel regimen
Colace - Docusate Sodium 100mg by mouth as necessary Take 1 tab, PO, daily as needed, for bowel regimen .
Senna S - Senna 8.6mg/50mg by mouth once a day Take 1 tab, PO, daily for bowel regimen.

14. DME and Supplies:
rolling walker, hand held shower, bath bench, grab bars, walker, 4 wheeled walker, cane, wheelchair

15. Safety Measures:
walker precautions, smoke detectors , medical alert/lifeline, emergency phone # clearly displayed, bathroom safety, ambulates with device, wheelchair precautions, transfer with assist, , hand rails, cardiac precautions, ambulates with assistance, , , aspiration precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
cipro codeine lisinopril oxycodone amoxicillin naproxen

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Transfer bed/Chair, Cane, 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: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Non-St Elevation Myocardial Infarction, 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 85-year-old female residing at Oak Crest Independent Living who was discharged on 12/20 from Saint Joseph's Hospital following cardiac stent placement for an acute myocardial infarction (NSTEMI, with history also noting ST-elevation myocardial infarction). She is widowed as of April of this year and has two adult daughters who assist with her care but do not live with her. Her past medical history is significant for hypertension, chronic cough, hypothyroidism, chronic kidney disease stage 3, urinary incontinence, right shoulder pain, and generalized weakness. All prescribed medications were present in the home at the time of assessment, and the patient utilizes a pillbox system for medication organization and adherence. Skilled nursing is indicated for ongoing medication education and cardiac teaching following her recent cardiac event and intervention. Her surgical incision from the stent procedure is fully healed. On functional assessment, the patient was previously independent with basic self-care, functional transfers, and functional ambulation. Currently, she demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, contributing to declines in self-care performance, transfers, and ambulation. She ambulates with an unsteady, wobbly gait and is at increased risk for falls. She owns and has access to multiple assistive devices including a walker, rollator, and wheelchair, and has adaptive equipment in the home such as grab bars over the toilet, a shower bench with a handheld shower head, and a lifting recliner. She was instructed to use the rolling walker at all times for safety. A physical therapy home exercise program was initiated, including straight leg raises, lower extremity abduction/adduction, long arc quadriceps exercises, marching, and heel raises (10 repetitions, 2 sets), as well as a walking program of 2 minutes twice daily, with education provided on safety and pacing. Occupational therapy evaluation identified deficits that would benefit from skilled OT services to address balance, upper extremity strength, activity tolerance, and functional performance to support return to prior level of function; however, the patient declined occupational therapy services at this time. Physical therapy needs are anticipated to be limited, and the patient expressed that she does not feel she requires extensive PT intervention. The patient plans to travel to Cancun for approximately six weeks in January with her daughter and grandchildren, which was noted in care planning. The plan of care focuses on skilled nursing for cardiac and medication education,

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
Oluwakemi Ajide
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: 410-933-7666 NPI: 1184919151

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 : 12/19/2025

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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reinforcement of safe use of assistive devices, continuation of the prescribed home exercise and walking program to improve strength and balance, monitoring for cardiac symptoms or functional decline, and coordination of care with family to support safety and independence during recovery and upcoming travel.
 Date of Order 12/23/2025 Orders Physician Face-to-Face Date: 12/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Non-St Elevation Myocardial Infarction 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 Ajide , Oluwakemi

SN Careplans

SN WK1: 1 (12/23/25-12/27/25) ,WK2: 2 (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)

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: 7. Currently taking 5 or more medications

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1620 - Bowel Incontinence, frequent urination, muscle weakness, limited strength, limited endurance, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision: Goal met

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: I want to go on my 6 week Cancun trip

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

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 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: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up 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 exercises : SLR, LONG ARC , MARCHING , LE ABD/ADD, 2 minutes walk twice daily, Medication Review: The medication was reviewed with the patient ., cough/deep breathing exercises, incentive spirometer, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To get stronger and walk with out device

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/23/2025

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Picking Up Object - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 6 (12/23/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 06. Independent, GG0130F1 - Upper Body Dressing - 06. Independent, GG0130G1 - Lower Body Dressing - 06. Independent, GG0130H1 - Don/Doff Footwear - 06. Independent, GG0130E1 - Shower/Bathe Self - 05. Setup or clean-up assistance, GG0130C1 - Toileting Hygiene - 06. Independent, GG0130A1 - Eating - 06. Independent

PROCEDURES: Medication Review : Medication reviewed with patient , incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with lower body dressing, assist with upper body dressing

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

OT Goals

PATIENT-STATED GOAL: 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 medicatio

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

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/23/2025