Home Health Certification and Plan of Care

Order ID: 1150/15151

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
221286018	12/27/2025	From: 12/27/2025 To: 02/24/2026	20835	217058

6. Patient's Name and Address

Rona Howe
27 Helicopter Dr,
MIDDLE RIVER, MD 21220-
443-510-2178

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 12/16/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.398	Other sequelae of cerebral infarction	12/27/25

13. ICD	Other Pertinent Diagnoses	Date
M62.81	Muscle weakness (generalized)	12/27/25
I69.322	Dysarthria following cerebral infarction	12/27/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/27/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/27/25
N18.32	Chronic kidney disease stage 3b	12/27/25
D63.1	Anemia in chronic kidney disease	12/27/25
D50.9	Iron deficiency anemia unspecified	12/27/25
N17.9	Acute kidney failure unspecified	12/27/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	12/27/25
E11.3519	Type 2 diab with prolif diab rtnop with macular edema unsp	12/27/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/27/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/27/25
E78.2	Mixed hyperlipidemia	12/27/25
E03.9	Hypothyroidism unspecified	12/27/25
D68.51	Activated protein C resistance	12/27/25
F41.9	Anxiety disorder unspecified	12/27/25
M19.90	Unspecified osteoarthritis unspecified site	12/27/25
I35.1	Nonrheumatic aortic (valve) insufficiency	12/27/25
I70.0	Atherosclerosis of aorta	12/27/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/27/25
J96.11	Chronic respiratory failure with hypoxia	12/27/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/27/25
M41.9	Scoliosis unspecified	12/27/25
R91.8	Other nonspecific abnormal finding of lung field	12/27/25
R26.89	Other abnormalities of gait and mobility	12/27/25
Z87.440	Personal history of urinary (tract) infections	12/27/25
Z94.0	Kidney transplant status	12/27/25
Z95.5	Presence of coronary angioplasty implant and graft	12/27/25
Z96.643	Presence of artificial hip joint bilateral	12/27/25

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

Amlodipine - Amlodipine Besylate 5 mg, Oral, tablet by mouth once a day 5 mg, Oral, 1X daily
Aspirin - Aspirin , 325 mg, Oral by mouth once a day 325 mg, Oral, 1X daily
Atorvastatin - Atorvastatin Calcium 40 mg, Oral,tablet by mouth once a day 40 mg, Oral, 1X daily
Carvedilol - Carvedilol , 25 mg, Oral tablet by mouth twice a day 25 mg, Oral, 2X daily
Famotidine - Famotidine 20 mg, Oral,tablet by mouth once a day 20 mg, Oral, 1X daily
Gabapentin - Gabapentin 300 mg, Oral tablet by mouth three times a day 300 mg, Oral, 3X daily
Hydralazine - Hydralazine Hydrochloride , 75 mg, Oral tablet by mouth three times a day , 75 mg, Oral, 3X daily
Levothroxine - Levothyroxine Sodium 50 mcg, Oral tablet by mouth once a day 50 mcg, Oral, 1X daily before breakfast
Mycophenolate Mofetil - Mycophenolate Mofetil 250 mg, Oral tablet by mouth twice a day 250 mg, Oral, 2X daily
Sertraline - Sertraline Hydrochloride 100 mg, Oral,tablet by mouth at bedtime 100 mg, Oral, nightly
Tacrolimus - Tacrolimus 4 mg, Oral, capsule by mouth twice a day 4 mg, Oral, 2X daily
Calcium With Vitamin D - Calcium Acetate 600-5mg-mcg by mouth once a day Take 1 tab daily for supplement
Furosemide - Furosemide 40 mg, Oral,tablet by mouth every other day 40 mg, Oral, Q48H
Furosemide - Furosemide 80 mg 80 mg, Oral,tablet by mouth every other day 80 mg, Oral, every other day oposite days of 40mg lasix.
Glipizide - Glipizide 10 mg 10mg by mouth twice a day Take 10mg tab twice daily before meals for load sugar control.
Atrovent - Ipratropium Bromide 0.3% 2 sprays nasal every 12 hours 2 sprays each nostril every 12 hours for allergies
Losartan Potassium - Losartan Potassium 25 mg, Oral tablet by mouth once a day 25 mg, Oral, 1X daily.
12/29/2025: Medication put on hold by the doctor at the hospital per patient.

14. DME and Supplies:

rolling walker, hand held shower, bath bench, walker, cane, 4 wheeled walker

15. Safety Measures:

transfer with assist, walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance, hand rails, , , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

clarithromycin co-trimoxazole codeine contrast media penicillin sulfate

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Walker, 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: good

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

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 12/24/2025

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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Homebound status: Due to diagnosis of Other Sequelae Of Cerebral 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 a 79-year-old female who was discharged from the hospital on 12/23 following an acute cerebrovascular accident. Her past medical history is significant for diabetes mellitus managed with glipizide, coronary artery disease treated with statin therapy, chronic obstructive pulmonary disease, Factor V Leiden mutation, status post right kidney transplant on chronic antirejection (immunosuppressive) medications, chronic kidney disease stage III, hypothyroidism, mood disorder managed with sertraline, and peripheral neuropathy treated with gabapentin. The patient is widowed and resides in a single-family home with her son and daughter-in-law. She is designated as full code status. All prescribed medications were present in the home at the time of assessment and available for review. At the time of start-of-care assessment, the patient's living environment was noted to include three dogs; therefore, clinicians are instructed to call prior to arrival to ensure safe access to the home. The plan of care focuses on skilled nursing services to monitor neurological status and chronic medical conditions, reinforce medication management and adherence particularly in the context of recent CVA and immunosuppression, provide education related to stroke recovery, risk factor management, and safety, and coordinate care with family caregivers. Additional therapy services may be indicated to address functional deficits related to the recent CVA and to support safe mobility and activities of daily living as the patient continues recovery at home.
 Date of Order 12/27/2025 Orders Physician Face-to-Face Date: 12/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other Sequelae Of Cerebral 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 Physician Emmanuel-Allen, Laura

SN Careplans

SN WK1: 1 (12/27/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26)

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, 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, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, daytime fatigue

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

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, * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promo, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent cons, * 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 simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to breathe better so she canget out of the house more.

GOALS
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

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 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
* 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
* 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 promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent cons

patient self-administers medications as prescribed

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/27/2025

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

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promo

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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