Home Health Certification and Plan of Care

Order ID: 1150/15115

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00003676	12/30/2025	From: 12/30/2025 To: 02/27/2026	20858	217058

6. Patient's Name and Address

Sadie Gooch
3423 Elmora Avenue,
BALTIMORE, MD 21213-
443-939-5482

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 12/07/1945 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	12/30/25

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	12/30/25
E11.9	Type 2 diabetes mellitus without complications	12/30/25
I08.1	Rheumatic disorders of both mitral and tricuspid valves	12/30/25
I48.91	Unspecified atrial fibrillation	12/30/25
I27.20	Pulmonary hypertension unspecified	12/30/25
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	12/30/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/30/25
E03.9	Hypothyroidism unspecified	12/30/25
F31.9	Bipolar disorder unspecified	12/30/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/30/25
H40.9	Unspecified glaucoma	12/30/25
Z95.0	Presence of cardiac pacemaker	12/30/25
Z79.4	Long term (current) use of insulin	12/30/25
Z79.01	Long term (current) use of anticoagulants	12/30/25
Z91.81	History of falling	12/30/25
Z87.891	Personal history of nicotine dependence	12/30/25

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

Eliquis - Apixaban 2.5mg tablet by mouth twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 800 units tablet by mouth once a day
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mcg tablet by mouth once a day
Cosopt - Dorzolamide Hydrochloride: Timolol Maleate 1 droup solution both eyes twice a day
Jardiance - Empagliflozin 10mg tablet by mouth once a day
Lasix - Furosemide 40mg tablet by mouth once a day
Synthroid - Levothyroxine Sodium 112 mcg tablet by mouth once a day
Melatonin - Melatonin 6 mg tablet by mouth at bedtime
Seroquel - Quetiapine Fumarate 25mg tablet by mouth at bedtime
Crestor - Rosuvastatin Calcium 20mg tablet by mouth once a day
Senokot - Senna 8.6mg tablet,take 2 tablet by mouth twice a day
Aldactone - Spironolactone 25 mg tablet by mouth once a day
zincate 50mg capsule by mouth once a day
Tylenol - Acetaminophen 650mg tablet by mouth every 6 hours
Proventil - Albuterol 0.083% nebulizer solution 2.5mg intravenous every 6 hours
Miralax - Polyethylene Glycol 3350 17mg packet by mouth twice a day
Gas-X - Senna 80mg tablet by mouth three times a day
Lantus Solostar - Insulin Glargine Recombinant injection 12 units subcutaneous once a day Inject 12 units under skin daily
Glucophage - Metformin Hydrochloride 500 mg 1 tab by mouth twice a day Take 1 500mg tab twice daily for glucose control.
Fosamax - Alendronate Sodium eq 70 mg base 1 tab by mouth once a week Take 1 70mg tab every Thursday with a full glass of water and no food. Sit upright for at least 30 minutes after taking.
Exelon - Rivastigmine Tartrate eq 3 mg base 1 3mg tab by mouth once a day Take 1 capsule 3mg total by mouth daily

14. DME and Supplies:

hand held shower, walker, grab bars, commode, , diabetic supplies, rolling walker

15. Safety Measures:

walker precautions, smoke detectors , medical alert/lifeline, emergency phone # clearly displayed, , ambulates with device, bathroom safety, , hand rails, , supervision at all times, transfer with assist, , , , diabetic precautions, activity supervision

16. Nutrition:

regular, fluid restriction, diabetic

17. Allergies:

lithium analogues

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Walker, Exercises Prescribed, No Restrictions, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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 Disease With Heart Failure , 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 80-year-old female who was discharged home on 12/25 following hospitalization for a syncopal event at home and was subsequently diagnosed with acute heart failure in the setting of severe mitral regurgitation, severe tricuspid regurgitation, and pulmonary hypertension. Her past medical history is significant for atrial fibrillation managed with a direct oral anticoagulant, poorly controlled diabetes mellitus with a most recent hemoglobin A1c of 11%, and a permanent pacemaker placed several years ago for bradycardia. The patient resides independently in a row home and receives intermittent assistance from her adult children; assisted living facility placement was discussed as part of the hospital discharge planning. The home environment includes stairs to access the second floor where the bedroom and bathroom are located, with a stair lift in place to facilitate safe access. Durable medical equipment available in the home includes a rollator walker, elevated toilet seat, and bath chair; however, the patient ambulates with the rollator inconsistently and frequently forgets to use it, placing her at increased risk for falls. During assessment, the patient demonstrated appropriate understanding and technique for self-monitoring of blood glucose, consistent with her diagnosis of diabetes mellitus. No pets are present in the home. A neighbor was present during the admission visit and provided support during the process. The patient's current condition places her at risk due to cardiac disease, anticoagulation use, poorly

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Elena Ghiaur
301 St. Paul Place
Baltimore, MD 21202
PHONE: 410-332-9359 FAX: 14109628393 NPI: 1942227871

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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controlled diabetes, and inconsistent use of assistive devices. Education was provided regarding the importance of consistent rollator use for fall prevention, adherence to diabetic monitoring, and awareness of cardiac symptoms that require prompt medical attention. The plan of care focuses on continued monitoring of cardiac status and symptoms of heart failure, reinforcement of medication and disease management education, promotion of safe ambulation and fall prevention strategies, and coordination with family and community resources to support the potential transition to a higher level of care if needed.
 Date of Order 12/30/2025 Orders Physician Face-to-Face Date: 12/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA MSW due to Hypertensive Heart Disease With Heart Failure 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 Ghiaur, Elena

SN Careplans

SN WK1: 1 (12/30/2025 - 01/03/2026), WK2: 2 (01/04/2026 - 01/10/2026), WK3: 1 (01/11/2026 - 01/17/2026), WK4: 1 (01/18/2026 - 01/24/2026), WK5: 1 (01/25/2026 - 01/31/2026), WK6: 1 (02/01/2026 - 02/07/2026), WK7: 1 (02/08/2026 - 02/14/2026)

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, 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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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

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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, daytime fatigue, balance deficit, tooth pain/decay/sensitivity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025