Home Health Certification and Plan of Care

Order ID: 1150/15145

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30582211000	12/27/2025	From: 12/27/2025 To: 02/24/2026	20582	217058

6. Patient's Name and Address
Cynthia Clemmons
4800 Gilray Dr,
BALTIMORE, MD 21214-
443-939-6544

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 03/26/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	12/27/25

13. ICD	Other Pertinent Diagnoses	Date
I50.20	Unspecified systolic (congestive) heart failure	12/27/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/27/25
N18.6	End stage renal disease	12/27/25
D63.1	Anemia in chronic kidney disease	12/27/25
N25.81	Secondary hyperparathyroidism of renal origin	12/27/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/27/25
I82.211	Chronic embolism and thrombosis of superior vena cava	12/27/25
E03.9	Hypothyroidism unspecified	12/27/25
B18.2	Chronic viral hepatitis C	12/27/25
Z99.2	Dependence on renal dialysis	12/27/25
Z79.01	Long term (current) use of anticoagulants	12/27/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/27/25
Z79.82	Long term (current) use of aspirin	12/27/25

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

Aspirin 81Mg - Aspirin 81 mg, Tablet by mouth once a day 81 mg, Oral, 1 time daily
Lipitor - Atorvastatin Calcium 80 mg, Tablet by mouth once a day 80 mg, Oral, 1 time daily
Flonase - Fluticasone Propionate 50 MCG/ACT nasal spray, 1 spray, nasal twice a day 1 spray, Each Nare, 2 times daily
Isordil - Isosorbide Dinitrate 20 mg, Tablet by mouth three times a day 20 mg, Oral, 3 times daily
Toprol Xl - Metoprolol Tartrate 25 mg, Tablet by mouth once a day
Zofran - Ondansetron Hydrochloride 4 mg, Tablet by mouth every 6 hours 4 mg, Oral, every 6 hours PRN
Renvela - Sevelamer Carbonate 2.4gm/packet 2.4 by mouth twice a day
Lokalma packet by mouth as necessary
Synthroid - Levothyroxine Sodium 25 mcg , Tablet by mouth once a day Oral, 1 time daily before breakfast
Eliquis - Apixaban 2.5mg by mouth twice a day
Plavix - Clopidogrel Bisulfate eq 75 mg base 75mg by mouth once a day

14. DME and Supplies:
4 wheeled walker, walker

15. Safety Measures:
bathroom safety, walker precautions, supervision at all times, , , , , ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:
low cholesterol, low sodium, cardiac diet

17. Allergies:
sacubitril-valsartan hectorol heparin metformin

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Cane, Walker

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal 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 a 74-year-old individual with a complex medical history and recent multiple hospitalizations related to medication noncompliance, missed hemodialysis treatments, and planned defibrillator placement. The patient has a diagnosis of hypertensive heart and kidney disease requiring defibrillator placement and end-stage renal disease (ESRD) on hemodialysis three times weekly (Monday, Wednesday, Friday), with significant ambulation difficulties related to generalized weakness, making leaving the home a taxing effort. The patient is alert and oriented to person, place, and time, occasionally fluctuating to situation. Past medical history is significant for chronic kidney disease stage 5, ESRD, coronary artery disease with atherosclerosis, congestive heart failure, diabetes mellitus, anemia, hyperparathyroidism, hypothyroidism, chronic embolism and thrombosis of the superior vena cava, hepatitis C, depression, and a history of syncopal episodes. The patient lives alone in a single-story ranch-style home with three steps to enter; the bedroom and bathroom are located on the first floor. The patient receives occasional assistance from her daughter, Whitney, who helps with medication organization and pill boxing to promote compliance. The patient reports feeling weak following hemodialysis, particularly noting increased weakness after her first dialysis session since hospitalization around Thanksgiving. She is scheduled for defibrillator placement on Tuesday, 12/30/25, at a Baltimore/Washington-area hospital. The patient uses a cane within the home for safety and, during therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, was able to ambulate approximately 25 feet with a rollator under supervision. Transfers from sitting to standing and bed mobility are performed with supervision, with the patient reporting left-sided pain during these activities. Outside ambulation, stair negotiation, and car transfers 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. The patient has a hemodialysis access port intact in the left groin area with no noted complications. She denies pain at rest, denies recent falls since discharge, and denies any recent syncopal episodes. No wounds were observed, no abnormal bleeding was reported, and lung sounds were clear on <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. The patient did report occasional blood noted when wiping after toileting and was instructed to monitor for changes and report any worsening or persistent bleeding. Medication reconciliation was completed, and the patient was provided education regarding medication purpose, dosing frequency, and potential side effects to support understanding and adherence. Education was also provided regarding fluid restriction, the importance of daily weights, and energy conservation techniques, including the need for frequent rest breaks to prevent exhaustion. The patient's current weight is 118 pounds. The patient reports significant difficulty with toileting due to inability to sit comfortably on the toilet, resulting in poor oral intake, stating she has not been eating or drinking adequately. Education and recommendations were provided for adaptive equipment, including a raised toilet seat with handrails, to improve safety and functional independence. The patient currently receives aide services twice weekly for several hours but declined additional home health aide services at this time. Skilled nursing and physical therapy services have been ordered to address medication adherence, monitoring of cardiac and renal status, functional mobility, strength, balance, and education on energy conservation and safety. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> are planned at a frequency of one visit per week for six weeks to continue <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, education, and coordination of care.
 Date of Order 12/27/2025 Orders Physician Face-to-Face Date: 12/12/2025 Clinical Condition Requiring Home Care per

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
Linda Ataifo
815 E. Pratt St
Baltimore, MD 21202
PHONE: 4106375700 FAX: NPI: 1609371905

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 : 12/12/2025

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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Certifying Physician: sn-disease management pt-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal 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 - SN Notes: soc PT Eval Notes:
 Physician Ataifo, Linda

SN Careplans

SN WK1: 1 (12/27/25-12/27/25) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26)

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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102c - Med Admin, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, weight gain > 2lb/24 h OR 5lb/1 wk, abn cholesterol > 200 mg/dL, abnormal blood pressure, chest pain, M1033 - Exhaustion, abnormal thyroid <> 0.40 - 4.50 mIU/mL, nausea/vomiting, muscle weakness, limited endurance, difficulty sleeping, daytime fatigue, weak hand grips, balance deficit, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply anti-embolitic stockings, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, monitor dialysis schedule

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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual, * 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, sch, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: long term to drive again, short term to increase strength

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
* 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 modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual

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
* 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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT Goals

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

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PT WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, Pain Effect on Sleep, GG0130A1 - Eating - 05. Setup or clean-up assistance, 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, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , cough/deep breathing exercises, equipment training, 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, * 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, Toilet Transfer - 05. Setup or clean-up 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, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, 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: Be able to walk by myself without pain

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
* 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

Toilet Transfer - 05. Setup or clean-up 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

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

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

Sit to Stand - 02. Substantial/maximal assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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