Home Health Certification and Plan of Care

Order ID: 1150/14755

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00017254	12/10/2025	From: 12/10/2025 To: 02/07/2026	20297	217058

6. Patient's Name and Address
Carolyn Bethel
6670 Roberts Court Apt 425,
GLEN BURNIE, MD 21061-
443-255-9315

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 03/23/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	12/10/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/10/25
N18.6	End stage renal disease	12/10/25
D63.1	Anemia in chronic kidney disease	12/10/25
N25.81	Secondary hyperparathyroidism of renal origin	12/10/25
E78.2	Mixed hyperlipidemia	12/10/25
M54.2	Cervicalgia (M54.2)	12/10/25
M54.9	Dorsalgia unspecified	12/10/25
G89.29	Other chronic pain	12/10/25
H40.51X0	Glaucoma secondary to oth eye disord right eye stage unsp	12/10/25
Z99.2	Dependence on renal dialysis	12/10/25
Z79.82	Long term (current) use of aspirin	12/10/25
Z87.891	Personal history of nicotine dependence	12/10/25

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

Carvedilol - Carvedilol 12.5 MG Tablet 1 tablet by mouth twice a day
Nifedipine Er - Nifedipine 60 MG , 1 tabelet by mouth once a day
Aspirin 81Mg - Aspirin 81 MG Tablet Chewable 1 tablet by mouth once a day
Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Latanoprost - Latanoprost 0.005% Solution Ophthalmie drops as necessary
Latanoprost 0.005% Solution Ophthalmie
Atorvastatin Calcium - Atorvastatin Calcium 40 MG Tablet 1 tablet by mouth once a day Atorvastatin Calcium 40 MG Tablet
1 tablet Oralh nce a day
Brimonidine Tartrate - Brimonidine Tartrate 0.2 % Solution INSTILL 1 DROP right eye twice a day Brimonidine Tartrate 0.2 % Solution
INSTILL 1 DROP IN RIGHT EYE
TWICE DAILY Ophthalmic
Calcitriol - Calcitriol 0.5 MCG Capsule 1 capsule Calcifriol 0.5 MCG Capsy (0.75 mg) by mouth three times a day Calcitriol 0.5 MCG Capsule 1 capsule Calcifriol 0.5 MCG Capsy (0.75 mg) Orally Three times a week
,Notes to Pharnacist: given at dialysis, not at home

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

15. Safety Measures:
transfer with assist, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, wheelchair precautions, standard precautions, walker precautions, smoke detectors , medication safety, bathroom safety, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

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: No

20. Prognosis: fair

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: 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 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 physical therapy plan of care was discussed and developed with the patient and primary caregiver, and both are in agreement with the proposed plan. The patient will receive home physical therapy beginning on 12/10/25 with the following frequency: 1 visit for 1 week, 2 visits for 1 week (Monday/Wednesday), 1 visit for 1 week (Monday), 2 visits for 1 week (Monday/Wednesday), and then 1 visit per week for 4 weeks (Monday). The patient is scheduled to follow up with Dr. Watts on 1/5/25.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/10/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 10/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat DX: Hypertensive chronic kidney disease 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<o:p></o:p>
 1 - SOC - PT Notes: <o:p></o:p> Physician: Watts, Karalee

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Karalee Watts
85 Kindred Way
Glen Burnie, MD 21061
PHONE: 4105536360 FAX: 14105536661 NPI: 1972169191

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 : 10/15/2025

27. Attending Physician's Signature and Date Signed **12/17/2025**: 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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PT Careplans

PT WK1: 1 (12/10/25-12/13/25) ,WK2: 2 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 2 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/05/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, swelling in the arms/legs, coughing, M1400 - Dyspnea, limited strength, muscle weakness, balance deficit, swelling in legs/around eyes

PROCEDURES: Medication Review- : Medication reviewed with patient/caregiver. , cough/deep breathing exercises, wheelchair training, home exercise program: Supine-ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., static standing balance exercises, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with fall prevention, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule

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 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, schedule remedies, * 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, patient's living environment is clean/uncluttered, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: I want to get stronger and to be able to walk

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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, schedule remedies

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 respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

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

patient's living environment is clean/uncluttered

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/10/2025