Home Health Certification and Plan of Care

Order ID: 1150/15221

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1JK2XJ9DY16	12/27/2025	From: 12/27/2025 To: 02/24/2026	20398	217058

6. Patient's Name and Address

Marvel Brandon
3032 E. Northern Parkway,
BALTIMORE, MD 21214-
410-258-3654

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 06/16/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/27/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/27/25
N18.31	Chronic kidney disease stage 3a	12/27/25
E55.9	Vitamin D deficiency unspecified	12/27/25
E78.5	Hyperlipidemia unspecified	12/27/25
E66.9	Obesity unspecified	12/27/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	12/27/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/27/25

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

Norvasc - Amlodipine Besylate 5 mg, Take 1 tablet by mouth once a day
Prinivil - Lisinopril 20 mg, Take 2 tablets by mouth once a day
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,250 mcg (50,000 unit), Take 1 capsule by mouth once a week
Take 1 capsule
by mouth
every 7 days
Neurontin - Gabapentin 800 mg 100 mg, Take 1 capsule by mouth three times a day Take 1 capsule
by mouth 3
times a day
Diclofenac Sodium - Diclofenac Sodium 0.1 perc 4.5 inches topical four times a day Apply 4.5 inches to knees up to 4 times daily for arthritis pain.
Extra Strength Tylenol - Acetaminophen 1 tab by mouth every 6 hours Take 500mg every 6 hours as needed for arthritis pain.
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tab by mouth once a day Take 1 tab by mouth daily for blood clot prevention.
Carvedilol - Carvedilol 12.5 mg 1 tab by mouth twice a day Take 1 tab by mouth 2 times daily with meals for blood pressure control
Aspirin 81Mg - Aspirin 1 tab by mouth once a day Take 1 tab daily for cardiac prevention methods.
Lipitor - Atorvastatin Calcium eq 80 mg base eq 80 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
For cholesterol
and heart
protection

14. DME and Supplies:

small base cane, rolling walker, hand held shower, grab bars

15. Safety Measures:

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

16. Nutrition:

cardiac diet, low sodium

17. Allergies:

motrin codeine

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Cane, 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Chronic Kidney Disease With Stages 1 Through 4, Or Unspecified Ckd, 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 76-year-old female who was discharged from Saint Joseph's Hospital on 12/08 following a hypotensive crisis related to an interaction with her home blood pressure medications. She completed a follow-up appointment with her primary care provider on 12/10, at which time visuospatial deficits were noted. Her past medical history is significant for type 2 diabetes mellitus, hypertension, hyperlipidemia, chronic kidney disease stage 3, and chronic back pain. The patient is maintained on a carbohydrate-controlled diet, has no known drug allergies, is designated as full code, and has a MOLST on file. During hospitalization, the patient was initially suspected to have experienced a cerebrovascular accident; a CT scan of the head was negative for acute infarction; however, subsequent MRI imaging was positive for an ischemic stroke. The patient resides with her husband in a single-family home and has strong family support. One small dog is present in the home. Prior to her recent hospitalization, the patient was independent with activities of daily living, ambulated without an assistive device, and completed light homemaking tasks independently. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, she presents with impaired performance in ADLs, decreased functional balance, reduced activity tolerance, and safety concerns. She reports blurred vision, which contributes to her functional limitations and increased fall risk. An occupational therapy evaluation was completed and identified deficits affecting the patient's independence and safety within the home. The patient would benefit from skilled occupational therapy services to address ADL retraining, functional balance, therapeutic exercise, development and progression of a home exercise program, safety education, and fall prevention strategies. The plan of care includes occupational therapy at a frequency of 1 visit per week for 8 weeks, with the goal of improving functional independence, safety, and overall participation in daily activities following her recent ischemic stroke.
 Date of Order 12/27/2025 Orders Physician Face-to-Face Date: 12/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, OT eval and treat due to Hypertensive Chronic Kidney Disease With Stages 1 Through 4, Or Unspecified Ckd 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 OT Eval Notes:
 Physician Obioha, Nkiruka

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

Nkiruka Obioha
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024

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 : 12/08/2025

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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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) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26)

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: 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, 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: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, dizziness/syncope (CR), abnormal blood pressure (CR), M1400 - Dyspnea, lightheadedness (CR), M1033 - Unintentional Weight Loss, limited endurance, limited range of motion, poor muscle tone, limited strength, muscle weakness, balance deficit, weak hand grips, extremity burn/tingle/numb, daytime fatigue, Pain Interference with ADLs, Pain Effect on Sleep, obesity, loss of appetite

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Teach patient and caregiver how to take/monitor and record patients twice a day blood pressure checks., incentive spirometer, apply anti-embolitic stockings, apply compression bandage, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * 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, * 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, * 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, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to clean and cook again.

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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
* 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

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

patient is adequately supervised

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/27/2025

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OT 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) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26) ,WK9: 1 (02/15/26-02/21/26)

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 - 04. Supervision or touching assistance, GG0170O1 - 12 Steps - 04. Supervision or touching assistance, GG0170N1 - 4 Steps - 04. Supervision or touching assistance, GG0170M1 - 1 - Step (curb) - 04. Supervision or touching assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, GG0170K1 - Walk 150 Feet - 04. Supervision or touching assistance, GG0170J1 - Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, GG0170I1 - Walk 10 Feet - 04. Supervision or touching assistance, GG0170G1 - Car Transfer - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 05. Setup or clean-up assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance

PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation, strengthening exercises, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, 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

PATIENT-STATED GOAL: To get back to myself

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

Sit to Stand - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

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