Home Health Certification and Plan of Care

Order ID: 1150/15284

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
26183792	01/06/2026	From: 01/06/2026 To: 03/06/2026	20696	217058

6. Patient's Name and Address

Charlotte Robinson
1325 GOLD MEADOW WAY APT 101,
EDGEWOOD, MD 21040-
443-372-5654

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 10/12/1940 | **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	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	01/06/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/06/26
N18.6	End stage renal disease	01/06/26
D63.1	Anemia in chronic kidney disease	01/06/26
Z99.2	Dependence on renal dialysis	01/06/26
D69.6	Thrombocytopenia unspecified	01/06/26
F01.53	Vascular dementia unspecified severity with mood disturb	01/06/26
F32.9	Major depressive disorder single episode unspecified	01/06/26
L24.9	Irritant contact dermatitis unspecified cause	01/06/26
E78.5	Hyperlipidemia unspecified	01/06/26
I65.23	Occlusion and stenosis of bilateral carotid arteries	01/06/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	01/06/26
I27.20	Pulmonary hypertension unspecified	01/06/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/06/26
M10.9	Gout unspecified	01/06/26
G40.909	Epilepsy unsp not intractable without status epilepticus	01/06/26
N25.81	Secondary hyperparathyroidism of renal origin	01/06/26
E66.9	Obesity unspecified	01/06/26
Z95.2	Presence of prosthetic heart valve	01/06/26
Z96.1	Presence of intraocular lens	01/06/26

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

aplxaban 02.5 mg oral tablet by mouth twice a day for afib
Atorvastatin - Atorvastatin Calcium 040 mg oral tablet by mouth at bedtime for HLD
fluticasone-salmeterol 0250-50 mcg/act,1 inhalation inhale inhalant twice a day COPD
Levetiracetam - Levetiracetam 0250 mg oral tablet,Take 1 tablet by mouth twice a day Seizure
Melatonin - Melatonin 3 mg oral tablet by mouth at bedtime for insomnia
Metoprolol Tartrate - Metoprolol Tartrate 25 mg oral tablet,Take 0.5 tablet by mouth twice a day for HTN hold for SBP less then 100 and HR less than 50
Pantoprazole Sodium - Pantoprazole Sodium 040 mg oral tablet by mouth twice a day for gerd
Quetiapine Fumarate - Quetiapine Fumarate 025 mg oral tablet by mouth at bedtime for agitation sleep, depression
Allegra - Fexofenadine Hydrochloride 60 mg 1 tablet by mouth once a day

14. DME and Supplies:
bath bench, cane

15. Safety Measures:
ambulates with device, , bathroom safety,

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
lisinopril penicillin v potassium

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: Yes

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 Stage 5 Ckd/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 an 85-year-old female with a past medical history significant for hypertension, end-stage renal disease, anemia, and other chronic conditions. She was recently admitted to the hospital due to a clotted left arteriovenous fistula (AVF) and is currently receiving hemodialysis three times weekly (Monday, Wednesday, and Friday) via a right-sided chest central venous catheter. The patient is alert and oriented to person, place, and time. She denies pain, headache, dizziness, or lightheadedness but reports occasional shortness of breath. Skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed residual spots from previously healed rashes noted on the back, with no open areas observed. The patient lives alone in her home but receives support from a friend who assists with meal preparation and organization of her medications, including filling her pill box. She also has a private paid aide who provides companion care and assists with activities of daily living. Medication reconciliation was completed, and medications were confirmed to be properly organized in the pill box. The patient ambulates independently within the home without an assistive device but uses a cane when ambulating outside the home. Functionally, the patient currently demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and overall decreased activity tolerance. These deficits are contributing to limitations in self-care performance and decreased independence with functional transfers. Education was provided regarding the importance of medication compliance, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-bleeding%20precautions">bleeding precautions</mh> related to Eliquis use, and proper protection of the dialysis catheter site during showers to reduce infection risk. Based on the current <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, skilled occupational therapy services are recommended to address identified deficits, improve functional independence, enhance safety with activities of daily living, and support the patient's ability to remain safely in her home environment.
 Date of Order 01/06/2026 Orders Physician Face-to-Face Date: 12/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's ddue to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 5 Ckd/End-Stage Renal Disease Homebound Status per Certifying Physician: patient requires another person or medical equipment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 12/09/2025

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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such as crutches, a walker, or a wheelchair to leave home
1 - SOC - SN Notes: soc OT Eval Notes: PT Eval Notes:
 Physician Davis, Stephanie

SN Careplans

SN WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, balance deficit

PROCEDURES: Medication Review: Medication reviewed with the patient /caregiver., cough/deep breathing exercises

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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

SN Goals

PATIENT-STATED GOAL: To get back to her baseline.

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
* 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
* 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

PT Careplans

PT WK1: 10 (01/06/26-01/10/26)

01/12/2026 Procedure: gait training on uneven surfaces, gait training/stair training, transfers training

PT Goals

GOALS

Sit to Stand - 06. Independent

Chair to Bed to Chair - 06. Independent

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Signature of Physician:

Date

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

Date
01/06/2026

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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

OT Careplans

OT WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient. All medications noted in the home., cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower by myself

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
01/06/2026