Home Health Certification and Plan of Care

Order ID: 1150/15499

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3RD5KA5EG56	01/17/2026	From: 01/17/2026 To: 03/17/2026	21205	217058

6. Patient's Name and Address
Evette Moore
1513 Leslie Street,
BALTIMORE, MD 21217-
443-418-4012

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 10/02/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/17/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/17/26
I50.40	Unsp combined systolic and diastolic (congestive) hrt fail	01/17/26
N18.32	Chronic kidney disease stage 3b	01/17/26
D63.1	Anemia in chronic kidney disease	01/17/26
M17.0	Bilateral primary osteoarthritis of knee	01/17/26
E11.3519	Type 2 diab with prolif diab rtnop with macular edema unsp	01/17/26
E78.2	Mixed hyperlipidemia	01/17/26
I42.8	Other cardiomyopathies	01/17/26
F32.A	Depression unspecified	01/17/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	01/17/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/17/26
F41.9	Anxiety disorder unspecified	01/17/26
Z79.4	Long term (current) use of insulin	01/17/26
Z79.82	Long term (current) use of aspirin	01/17/26

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

Spironolactone - Spironolactone 25 mg 1 Tablet by mouth twice a day for Hypertension Monitor for Side Effects Diuretics for signs and symptoms of dehydration, electrolytes, acute kidney injury, monitor foe edema, congestion, weight changes

Acetaminophen - Acetaminophen 325 mg / 1 Tablet by mouth every 4 hours Give 2 Tablet by mouth every 4 hours as needed for pain DO NOT EXCEED 3 g in 4 Hrs

Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day for CVA Prophylasix Monitor for S/S of bleeding

Bumetanide - Bumetanide 2 mg 1 Tablet by mouth twice a day for CHF

Dapagliflozin Propanediol 10 mg / 1 Tablet by mouth once a day for DM

Entresto - Sacubitril: Valsartan 24-26 mg / 1 Tablet by mouth twice a day for CHF

Glucagon Emergency Kit (Glucagon (rDNA)) 1 mg intramuscular once a day Inject 1 ml intramuscularly every 24 hours as needed for Blood Sugar less than 60 and unconscious or unresponsive, and call MD.

Fluticasone Propionate - Fluticasone Propionate 0.05 mg/spray - nasal once a day spray in each nostril once time a day for Dryness

Folic Acid - Folic Acid 1 mg / 1 Tablet by mouth once a day for Supplement

Nitroglycerine - Nitroglycerin 0.4 mg / 1 Tablet sublingual as necessary sublingually every 5 minutes as needed for Chest Pain x 3 doses. If no relief, call MD

Pravastatin Sodium - Pravastatin Sodium 20 mg / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA

14. DME and Supplies:
wound care supplies, walker, rolling walker, cane, diabetic supplies

15. Safety Measures:
walker precautions, , sharps precautions, infectious material management, , , diabetic precautions, cardiac precautions, ambulates with device, ambulates with assistance

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, 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

Homebound status:
Due to diagnosis of Type 2 Diabetes Mellitus With Diabetic Chronic Kidney 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 69-year-old individual referred to home health care services following a prolonged hospitalization and rehabilitation stay from September 30 through January 8 for complications related to congestive heart failure exacerbation, hypoxic respiratory failure, and associated medical decline. The patient resides in a multilevel row-style home with family, including a daughter who serves as the primary caregiver, as well as a son-in-law and grandchild. The home has four steps to enter, with the primary bedroom and full bathroom located on the second floor and a powder room on the first floor. The family is in the process of relocating the patient's bedroom to the main level to improve safety and accessibility. The patient was alert and oriented at the time of assessment and utilizes hearing aids, denying any visual impairment. The patient's past medical history is significant for congestive heart failure, cardiomyopathy, type 2 diabetes mellitus, hypertension, chronic kidney disease, end-stage renal disease, anemia, deep vein thrombosis, HIV, gastroesophageal reflux disease, dysphagia, obstructive sleep apnea, osteoarthritis of both knees, depression, anxiety, and right foot drop. The patient is currently non-ambulatory for community distances and demonstrates significant functional limitations. Within the home, the patient ambulates approximately 15 feet twice using a small-based quad cane with supervision, frequently reaching for surrounding objects for stability. The patient requires moderate assistance to ascend two steps using a handrail and cane, particularly to lift the left lower extremity onto the step. Transfers from sitting to standing from a recliner are performed with supervision. The patient declined bed mobility assessment and therapeutic exercise during the visit due to fatigue. Outside ambulation, car transfers, and extended mobility were not assessed. The patient is considered homebound due to the significant effort required to leave the home, reliance on an assistive device, poor endurance, and impaired balance, as evidenced by a Tinetti score of 11/28. The patient presents with multiple wounds requiring skilled management. A left lower leg venous stasis ulcer is present, with prescribed wound care including cleansing with wound cleanser, patting dry, application of alginate dressing, coverage with an abdominal pad, and securing with wrap gauze and tape on a daily basis. The patient also has a right heel diabetic ulcer with prescribed care consisting of cleansing with wound cleanser, patting dry, application of Xeroform dressing, coverage with a dry sterile dressing, and securing with wrap gauze and tape daily. Additionally, the patient has two stage II pressure injuries located at the midline lower back and sacrum, with prescribed care to cleanse with mild soap and water, pat dry, and apply Allevyn foam dressings every three days for protection. The patient's daughter performs wound care between skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh>. Supplies required for ongoing wound care

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 11/14/2025

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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include wound cleanser, 4x4 gauze, alginate dressings, Xeroform, abdominal pads, wrap gauze, tape, medium gloves, and foam dressings. The patient has a feeding tube that is intact and functioning properly. The daughter declined tube feeding education during this visit, stating that the patient is currently tolerating adequate oral intake of a soft diet since discharge. Education was provided regarding the importance of monitoring nutritional intake, skin integrity, signs and symptoms of infection, and when to notify the agency or physician of changes in condition. Physical and occupational therapy evaluations were ordered. Occupational therapy evaluation identified the need for activities of daily living training, adaptive equipment education, functional mobility training, therapeutic exercise, home exercise program instruction, energy conservation strategies, and safety training. A recommendation was made for installation of a grab bar near the toilet to improve bathroom safety. Occupational therapy is recommended at a frequency of one visit per week for four weeks. The patient would benefit from home-based therapy services to improve strength, endurance, functional mobility, and overall safety in order to maximize independence within the home environment. Skilled nursing services are recommended at a frequency of one visit per week for one week, followed by two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for two weeks, and then one visit per week for four weeks. Skilled nursing will address disease process management, cardiopulmonary assessment, wound care monitoring, medication management, skin integrity assessment, and ongoing patient and caregiver education. The next skilled nursing visit is scheduled for Tuesday.
 Date of Order 01/17/2026 Orders Physician Face-to-Face Date: 11/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 diabetes mellitus with diabetic chronic kidney 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 OT Eval Notes: PT Eval Notes:
 Physician Rollins Mrs., Lawanda

SN Careplans

SN WK1: 1 (01/17/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26) ,WK9: 1 (03/08/26-03/14/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: D0160 - Depression, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, weak pulses in feet, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, poor muscle tone, limited strength, muscle weakness, limited endurance, limited range of motion, B0200 - Hearing Deficit, extremity burn/tingle/numb, open sores/lesions, #1 - Observable Stasis Ulcer - Other - Left lower leg - Cleanse with wound cleanser pat dry apply alginate covered by and secured with wrap gauze and tape daily, #2 - Diabetic Ulcer - Posterior Right Heel - Cleanse with wound cleanser pat dry apply xeroform covered by DSD secured by wrap gauze and tape daily.

PROCEDURES: physician-ordered wound care: #2 - Diabetic Ulcer - Posterior Right Heel - Cleanse with wound cleanser pat dry apply xeroform covered by DSD secured by wrap gauze and tape daily., physician-ordered wound care: #1 - Observable Stasis Ulcer - Other - Left lower leg - Cleanse with wound cleanser pat dry apply alginate covered by and secured with wrap gauze and tape daily, Medication Review- : Medications reviewed with patient/caregiver. , physician-ordered wound care: To left lower leg wound- Cleanse with wound cleanser, pat dry, apply alginate, cover with ABD pad. Wrap with rolled gauze. Change daily. To right heel ulcer wound- Cleanse with wound cleanser, pat dry, apply xeroform, covered by gauze, wrap with rolled gauze. Change daily., glucose testing via monitor

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related

SN Goals

PATIENT-STATED GOAL: I want my wounds to heal

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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medic, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

* 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
* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26) ,WK9: 1 (03/08/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

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, 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to get outside with her walker and go to the senior center by herself

GOALS
Toilet Transfer - 06. Independent

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 - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 06. Independent

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

OT Careplans

OT Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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OT WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, 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
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

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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