Home Health Certification and Plan of Care

Order ID: 1150/15732

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5TQ0GA3WN41	01/09/2026	From: 01/09/2026 To: 03/09/2026	21129	217058

6. Patient's Name and Address

Minnie Young
910 Niagara Court,
HALETHORPE, MD 21227-
443-956-6691

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 11/10/1930 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	01/09/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	01/09/26
E11.9	Type 2 diabetes mellitus without complications	01/09/26
E78.2	Mixed hyperlipidemia	01/09/26
E03.8	Other specified hypothyroidism	01/09/26
B02.29	Other postherpetic nervous system involvement	01/09/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/09/26
J45.909	Unspecified asthma uncomplicated	01/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/09/26
H26.9	Unspecified cataract	01/09/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	01/09/26
L40.9	Psoriasis unspecified	01/09/26
K31.89	Other diseases of stomach and duodenum	01/09/26
D64.9	Anemia unspecified	01/09/26
F41.9	Anxiety disorder unspecified	01/09/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/09/26
Z79.51	Long term (current) use of inhaled steroids	01/09/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/09/26
Z96.651	Presence of right artificial knee joint	01/09/26
Z95.2	Presence of prosthetic heart valve	01/09/26
Z85.3	Personal history of malignant neoplasm of breast	01/09/26
Z87.440	Personal history of urinary (tract) infections	01/09/26

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

Ipratropium-albuterol (0.5-3) mg/3ML Soln 03 ml inhalant every 8 hours as needed for wheezing or shortness of breath
Furosemide - Furosemide 40 mg 40 mg 1/2 Tablet by mouth once a day
Levothroxine - Levothyroxine Sodium 125mcg tablet by mouth before meal Before breakfast
Clopidogrel - Clopidogrel 75 mg 75 mg1 Tablet by mouth once a day
Atenolol - Atenolol 50 mg by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 020 mg / 1 Tablet by mouth once a day
Glipizide - Glipizide 5 mg 5 mg1 Tablet by mouth in the morning Take 30 minutes before breakfast
Magnesium Oxide - Simethicone 0400 mg / 1 Tablet by mouth once a day With food orally once a day for 90 days
Nexium - Esomeprazole Magnesium 040 mg / 1capsule by mouth twice a day
Gabapentin - Gabapentin 300 mg 300 mg1 Capsule by mouth once a day 30 DAYS
Ferrous Sulfate 325 (65 Fe) mg / 1 Tablet by mouth once a day Every other day
Aldactazide - Hydrochlorothiazide: Spironolactone 25 mg;25 mg 25 mg;25 mg1 Tablet by mouth once a day
Extra Strength Tylenol - Acetaminophen 0500 mg / 1 Tablet by mouth every 6 hours as needed
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 0200-25 mcg 1puff inhalant once a day
Albuterol Sulfate - Albuterol Sulfate 0(2.5 mg / 3 ml) 0.083% inhalant every 8 hours Nebulization solution 3 ml as needed inhalation every 8 hours
Predisone - Prednisone 4mg Tablets (See directions for administration) by mouth once a day Administer 7 tablets first dose, 6 tablets day 2, 5 tablets day 3, 4 tablets, day 4, 3 tablets day 5, 2 tablets day 6, and 1 tablet day 7.
Augmentin '875' - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 Tablet by mouth twice a day x 7 days

14. DME and Supplies:

nebulizer, walker, , diabetic supplies, oxygen supplies

15. Safety Measures:

ambulates with device, diabetic precautions, , , walker precautions, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

advil aspirin cipro aricept spironolactone sulfa antibiotics codeine macrobid

18.A. Functional Limitations

Endurance, Ambulation, Hearing

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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, 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

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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 94-year-old female with an extensive past medical history including hypertension, congestive heart failure, asthma, hypothyroidism, type 2 diabetes mellitus, cataracts, diverticulosis, hemorrhoids, carpal tunnel syndrome, hiatal hernia, psoriasis of the scalp, history of breast cancer, anxiety, recurrent urinary tract infections, and gastroesophageal reflux disease. She was admitted to home health services for skilled nursing and occupational therapy to evaluate persistent flu-like symptoms, shortness of breath with exertion, and to assess for a possible congestive heart failure exacerbation. Per her son, these symptoms occur annually during the winter months. At the time of assessment, the patient was alert and oriented to person, place, time, and situation. She is extremely hard of hearing despite the use of a hearing aid, which limited communication and required repetition. The patient reported shortness of breath with ambulation to the bathroom and when navigating stairs. Respiratory assessment revealed expiratory wheezing, audible nasal rhonchi, visible increased work of breathing with nasal flaring, and no crackles or rales noted. Vital signs were obtained. The patient denied generalized body aches and reported she did not receive the influenza vaccination this year. Skin assessment revealed poor skin turgor and scattered bruising to the upper extremities. Skin integrity was otherwise intact. Visual examination identified external hemorrhoids without inflammation or active bleeding. Abdominal assessment revealed active, audible bowel sounds. The patient and her son reported a bowel movement earlier that morning, with small amounts of blood noted on toilet tissue, likely related to hemorrhoids. No acute gastrointestinal distress was reported. The patient resides with her son in a two-story home. She receives assistance from a caregiver Monday through

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Christopher Badger
716 Maiden Choice Ln
Baltimore, MD 21228
PHONE: 4107474080 FAX: 14103692008 NPI: 1477880094

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 : 10/14/2025

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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Thursday for three hours per day. The patient primarily remains on the upper level of the home, with the aide assisting her downstairs approximately once weekly for hair washing in the kitchen sink. The son reported that the patient has a scheduled appointment with her primary care provider on Wednesday for further evaluation of her symptoms. Following completion of the assessment, the patient was admitted to home health services for skilled nursing and occupational therapy. Skilled nursing will monitor respiratory status, cardiovascular symptoms related to congestive heart failure, skin integrity, hydration status, and bowel patterns, as well as provide education regarding symptom monitoring and when to seek medical attention. Occupational therapy will evaluate functional status, energy conservation strategies, safety with activities of daily living, and caregiver support needs. The plan of care focuses on symptom management, fall prevention, and maintaining functional independence and safety within the home environment.
 Date of Order 01/09/2026 Orders Physician Face-to-Face Date: 10/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management OT eval and treat HHA due to Hypertensive Heart Disease With Heart Failure 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 Badger, Christopher

SN Careplans

SN WK1: 1 (01/09/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 2 (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) ,WK7: 1 (02/15/26-02/21/26) ,WK8: 1 (02/22/26-02/28/26) ,WK9: 1 (03/01/26-03/07/26)

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

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: D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, wheezing, increased urine output, muscle weakness, limited strength, limited endurance, balance deficit, weak hand grips, B0200 - Hearing Deficit, B1000 - Vision Deficit, bruising/discoloration

PROCEDURES: Medication Review: Medications will be reviewed at each visit., 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, * 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: "I want these cold symptoms to go away."

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
* 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 modification to manage blood condition including dietary changes
* bleeding precautions
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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

OT Careplans

OT WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130A1 - Eating, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation, strengthening 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup

OT Goals

PATIENT-STATED GOAL: to use the bidet (son)

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/09/2026

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or clean-up assistance, 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, 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 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

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

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

HHA Careplans

HHA WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26)

PROCEDURES: change linens as needed, assist with bathing, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/09/2026