Home Health Certification and Plan of Care

Order ID: 1150/15759

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30767530000	01/21/2026	From: 01/21/2026 To: 03/21/2026	11725	217058

6. Patient's Name and Address

Survester Wiggins
5500 Lexington Rd Apt 416,
GWYNN OAK, MD 21207-
410-903-7256

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 03/31/1929 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/21/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	01/21/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/21/26
N18.4	Chronic kidney disease stage 4 (severe)	01/21/26
D63.1	Anemia in chronic kidney disease	01/21/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	01/21/26
M62.59	Muscle wasting and atrophy NEC multiple sites	01/21/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	01/21/26
E78.5	Hyperlipidemia unspecified	01/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/21/26
M19.071	Primary osteoarthritis right ankle and foot	01/21/26
M19.072	Primary osteoarthritis left ankle and foot	01/21/26
M17.0	Bilateral primary osteoarthritis of knee	01/21/26
E55.9	Vitamin D deficiency unspecified	01/21/26
H04.129	Dry eye syndrome of unspecified lacrimal gland	01/21/26
Z95.1	Presence of aortocoronary bypass graft	01/21/26
Z90.710	Acquired absence of both cervix and uterus	01/21/26
Z87.01	Personal history of pneumonia (recurrent)	01/21/26

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

Carboxymethylcellulose Sodium (Ophth) (Artificial Tears) 1% Ophthalmic Solution 1% Ophthalmic Solution , 1 drop right eye every 2 hours 1 drop in R eye q2h PRN
Cholecalciferol (Vitamin D) 25 MCG (1000 UT) Oral Tablet 25 MCG (1000 UT) , take 2 tablet (2,000 units) by mouth once a day
Voltaren - Diclofenac Sodium 1% transdermal gel , 2 grams topically to affected areas topical four times a day
Doxazosin Mesylate - Doxazosin Mesylate 8 mg , take 1 tablet by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 324 (65 Fe) mg , take 1 tablet by mouth once a day 1 tablet orally daily
Magnesium Oxide - Simethicone 250 mg , take 1 tablet by mouth once a day 1 tablet orally daily as needed
Nutritional Supplements (Ensure Enlive) Oral Liquid Oral Liquid by mouth three times a day
Atorvastatin - Atorvastatin Calcium 40mg by mouth once a day
8-Hour Bayer - Aspirin 81mg by mouth once a day
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg 50 mg , take 1 tablet by mouth twice a day with food
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base eq 10mg by mouth once a day Hold forsystolic blood pressure less than 110
Furosemide - Furosemide 20 mg 20 mg , take 2 tablet by mouth once a day 2 tabs 40mg total daily for CHF
Claritin - Loratadine 10 mg 10mg 1 tab by mouth once a day 1 tab daily for allergies
Carvedilol - Carvedilol 12.5 mg 12.5mg 1 tab by mouth twice a day Take 1 tab twice daily for blood pressure. Hold sor systolic reading of less than 110 and or heart rate less than 60.
Clopidogrel - Clopidogrel 75 mg 75 mg 1 tab by mouth once a day Take 1 tab daily for blood clot prevention
Farxiga - Dapagliflozin Propanediol 10mg 1 tab by mouth once a day 1 tab daily for diabetes
Docusate - Docusate Sodium 100mg by mouth once a day 1 tab daily for constipation
Fleet Enema - Fleet Enema 1 enema rectal as necessary Insert 1 application as needed for constipation
Glycolax - Polyethylene Glycol 3350 17 grams by mouth once a day Give 17 grams daily for constipation. Mix in 6 ounces of fluid of choice.
Guaifenesin - Guaifenesin 200mg 1 tab by mouth every 6 hours 1 tab every 6 hours as needed for cough
Ipratropium - Ipratropium Bromide 0.5-2.5 (3) mg/ml 1 applicator inhalant every 4 hours Inhale 1 applicator orally every 4 hours as needed for wheezing
Lidocaine - Lidocaine 4% 1 patch topical once a day Apply 1 patch daily to lower back at 9AM and remove at 9pm.
Milk Of Magnesia - Simethicone 400mg/5ml by mouth as necessary Give 30ml as needed for constipation. Separate from all other medications by 2 hours.
Neurontin - Gabapentin 100 mg 100mg 1 tab by mouth at bedtime Take 1 tab at bedtime for neuropathy
Nitroglycerin - Nitroglycerin 0.4mg 1 tab sublingual as necessary Give 1 tab under the tongue every 5. Instead as needed for chest pain times three doses. If no relief after third dose call 911.
Ondansetron - Ondansetron 4 mg 1 tab 4mg by mouth as necessary Give 1tab every 6 hours as needed for nausea.
Senakot - Senna 8.6mg by mouth twice a day Give2 tabs two times daily forbowel regimen
Tizanidine Hydrochloride - Tizanidine Hydrochloride 2mg 1 tab by mouth twice a day Give 1 tab 2mg 2 times daily for muscle spasms

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, nebulizer, walker, grab bars, commode, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , medical alert/lifeline, emergency phone # clearly displayed, bleeding precautions, bathroom safety, ambulates with device, ambulates with assistance, , supervision at all times, transfer with assist, wheelchair precautions, standard precautions, fall precautions, activity supervision

16. Nutrition:

low sodium, cardiac diet

17. Allergies:

iodine iodinated contrast media

18.A. Functional Limitations

18.B. Activities Permitted

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Bhavandeep Bajaj
3455 Wilkens Ave Suite L-10
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214

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 : 01/05/2026

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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Bowel/Bladder Incontinence, Endurance, Hearing, Ambulation

Wheelchair, Transfer bed/Chair, Exercises Prescribed, 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: good

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 and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified 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 96-year-old female referred for home health services following recent hospitalization for a respiratory infection/pneumonia, with subsequent discharge from subacute rehabilitation. Her past medical history is significant for coronary artery disease status post CABG, congestive heart failure, chronic kidney disease, hypertension, diabetes mellitus, hyperlipidemia, peripheral vascular disease, osteoarthritis, and diabetic retinopathy. She resides in a senior living one-bedroom apartment and has strong family involvement, with family members assisting with activities of daily living and an aide present twice weekly; the patient declines additional home health aide services at this time. She ambulates with a rollator and requires one-person assistance, demonstrating decreased strength (3-/5 MMT in bilateral lower extremities and 3/5 MMT in bilateral upper extremities), chronic bilateral lower extremity edema, pain, and fear of falling, which limit her mobility. She currently requires assistance with bathing, dressing, and transfers, including contact guard assistance for sit-to-stand and toilet transfers, and declined ambulation during evaluation due to a recent fall. The patient experiences chronic constipation managed with a bowel regimen and elevates her legs daily for edema management. She is a full code, all medications are present in the home, and her daughter fills her pillbox weekly. Skilled home care services were ordered for medication education, home safety, infection prevention, and physical therapy to improve strength, balance, and functional mobility in order to return to her prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/21/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/05/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified 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<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Bajaj, Bhavandeep

SN Careplans

SN WK1: 1 (01/21/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body

SN Goals

PATIENT-STATED GOAL: Patient states she wants to feel better and get her strength back so she can get back to shopping like she used to with her daughter's and grandkids.

GOALS
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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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

Signature of Physician:

Date

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

Date
01/21/2026

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alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, heartburn/indigestion, muscle weakness, limited endurance, limited strength, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit, daytime fatigue, difficulty sleeping, obesity

PROCEDURES: incentive spirometer, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * 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 medic, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, * 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/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, caregiver administers and/or packages medications appropriately

* recalls related medic

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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/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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (01/21/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review : - medications reviewed with patient/caregiver, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

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

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

Chair to Bed to Chair - 05. Setup 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

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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PROBLEMS IDENTIFIED ON ASSESSMENT: 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: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, 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 - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3/5 mmt to 4-/5 mmt to improve ADLs and transfers within 6 wks

PATIENT-STATED GOAL: Patient wants to get better and feel better

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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 - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3/5 mmt to 4-/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 4 of 4
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