Home Health Certification and Plan of Care

Order ID: 1150/15934

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36768369	01/31/2026	From: 01/31/2026 To: 03/31/2026	10666	217058

6. Patient's Name and Address
Lucille Spann
8812 Stonehaven Road,
Randallstown, MD 21133-
708-790-6041

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 06/26/1924 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.10	Hyp hrt & chr kdny dis w/o hrt fail w stg 1-4/unsp chr kdny	01/31/26

13. ICD	Other Pertinent Diagnoses	Date
N18.31	Chronic kidney disease stage 3a	01/31/26
D63.1	Anemia in chronic kidney disease	01/31/26
H91.93	Unspecified hearing loss bilateral	01/31/26
I44.1	Atrioventricular block second degree	01/31/26
M54.50	Low back pain unspecified	01/31/26
G89.29	Other chronic pain	01/31/26
E78.00	Pure hypercholesterolemia unspecified	01/31/26
E55.9	Vitamin D deficiency unspecified	01/31/26
E53.8	Deficiency of other specified B group vitamins	01/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/31/26
R73.03	Prediabetes	01/31/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/31/26
Z95.0	Presence of cardiac pacemaker	01/31/26

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

Albuterol Sulfate - Albuterol Sulfate 90 mcg/actuation, Inhale 2 puffs inhalant every 4 hours
Cyanocobalamin - Cyanocobalamin 1,000 mcg, Take 1 tablet by mouth once a day Every day by oral route.
Pravastatin - Pravastatin Sodium 40 mg, take 1 tablet by mouth twice a day By oral route.
Lisinopril - Lisinopril 10 mg, Take 1 tablet by mouth twice a day By oral route.
Tylenol - Acetaminophen 650 mg 650mg tabs=1 by mouth at bedtime Take 2 tabs at bedtime as needed for pain.
Asa 81 Mg - Aspirin 81 mg 1 tab by mouth once a day Take 1 tab daily for cardiac prevention methods

14. DME and Supplies:
wheelchair, rolling walker, hand held shower, bath bench, grab bars, walker, 4 wheeled walker

15. Safety Measures:
walker precautions, smoke detectors , medication safety, fall precautions, bleeding precautions, ambulates with device, transfer with assist, supervision at all times, emergency phone # clearly displayed, ambulates with assistance, wheelchair precautions, hand rails, cardiac precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
amlodipine

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

18.B. Activities Permitted
Transfer bed/Chair, Exercises Prescribed, 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 without heart failure, with 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 101-year-old female referred to home care by her provider following a follow-up appointment due to progressive weakness, unsteady gait, and decline in functional mobility. She resides in a single-family home with her goddaughter, who is her primary caregiver. The patient ambulates with a rollator and one-person assistance and experiences significant shortness of breath during and after ambulation; ambulatory oxygen saturation was noted to decrease to 88% on room air, indicating a potential need for intermittent supplemental oxygen with activity. She presents with bilateral lower-extremity weakness (approximately 3/5), moderate dependent edema, ankle pain and soreness, poor static and dynamic standing balance, and impaired gait, placing her at high risk for falls. The patient has difficulty with transfers, particularly rising from low seating surfaces and recliners, and demonstrates decreased control when sitting. She also struggles with bed mobility and bathing, despite having a walk-in bathtub, and primarily relies on a wheelchair for mobility outside the home. Equipment concerns include an unstable bed rail when the head of the bed is elevated and discomfort while using a transport chair; caregiver education was provided regarding a wheelchair cushion and a pulse oximeter, which were obtained. The patient's past medical history is significant for benign hypertensive heart and renal disease, CKD stage 3, hyperlipidemia, prediabetes, frailty, bilateral lower-extremity edema, CVA, cardiac pacemaker, anemia, major depressive disorder, severe hearing impairment (with hearing aids), and chronic low back pain. Education was provided on safe use of a heating pad and over-the-counter lidocaine patches for pain management. Given her deficits and medical complexity, skilled home health physical therapy is medically necessary to address strength, balance, gait training, transfer training, edema management, and fall risk reduction, and occupational therapy is recommended to improve safety and independence with ADLs and transfers. Rehabilitation potential is guarded to fair due to advanced age and comorbidities, with caregiver support available.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/31/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/16/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat DX: Hypertensive heart and chronic kidney disease without heart failure, with 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:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Fernandez, Rodolfo

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rodolfo Fernandez
724 Maiden Choice Ln
Catonsville, MD 21228
PHONE: 410-747-6080 FAX: 14435756553 NPI: 1487661237

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 : 01/16/2025

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 WK1: 1 (01/31/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26) ,WK5: 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: 7. Currently taking 5 or more medications, 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; 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 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, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, poor muscle tone, limited endurance, limited strength, muscle weakness, balance deficit, B0200 - Hearing Deficit, involuntary movement of extremity, daytime fatigue, weak hand grips, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * 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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PATIENT-STATED GOAL: Patient states she wants to be able to walk without her legs feeling wobbly

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK5: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170G1 - Car Transfer, 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: HEP, Medication Review: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or

PT Goals

PATIENT-STATED GOAL: Be able to walk with less SOB

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/31/2026

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confusion at this time. , cough/deep breathing exercises, equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching 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 - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching 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 - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/31/2026