Home Health Certification and Plan of Care

Order ID: 1150/15886

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
471283509	01/28/2026	From: 01/28/2026 To: 03/28/2026	21367	217058

6. Patient's Name and Address

Sheila Green
3003 WEST NORTH AVENUE Apt 103,
BALTIMORE, MD 21216-
443-740-7222

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 10/02/1964 | **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	01/28/26

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	01/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/28/26
N18.31	Chronic kidney disease stage 3a	01/28/26
N17.9	Acute kidney failure unspecified	01/28/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/28/26
J96.11	Chronic respiratory failure with hypoxia	01/28/26
I48.91	Unspecified atrial fibrillation	01/28/26
I27.20	Pulmonary hypertension unspecified	01/28/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/28/26
K59.00	Constipation unspecified	01/28/26
E78.5	Hyperlipidemia unspecified	01/28/26
E66.9	Obesity unspecified	01/28/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	01/28/26
Z79.82	Long term (current) use of aspirin	01/28/26
Z79.01	Long term (current) use of anticoagulants	01/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/28/26
Z99.81	Dependence on supplemental oxygen	01/28/26
Z87.891	Personal history of nicotine dependence	01/28/26

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

Advair - Fluticasone Propionate: Salmeterol Xinafoate 1 spray, Each Nare 1 time daily
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5 mg
Albuterol - Albuterol 2.5 mg inhalant every 6 hours as needed
Glucophage - Metformin Hydrochloride 500 mg 500 mg1 Tablet by mouth twice a day with meals
O2 - Oxygen 02 Liters Nasal continuous
budesonide-formoterol (BREYNA) 160-4.5 mcg/inh (ZERO inhaler) 2puffs inhalant in the morning
Dabigatran Etexilate - Dabigatran Etexilate 150mg by mouth once a day
Ventolin Hfa - Albuterol Sulfate 0108 (90 BASE) mcg/act inhalant every 6 hours as needed
Lipitor - Atorvastatin Calcium eq 40 mg base eq 40 mg base1 Tablet by mouth once a day
Tylenol - Acetaminophen 0500 mg / 1 Tablet by mouth every 6 hours as needed
Cardizem Cd - Diltiazem Hydrochloride 240 mg 240 mg240 mg1 Tablet by mouth once a day
SOANNZ Torsemide 0100mg / 1 Tablet by mouth once a day Diuretic

14. DME and Supplies:
walker, cane

15. Safety Measures:
ambulates with device, , , walker precautions, cardiac precautions, bathroom safety

16. Nutrition:
diabetic

17. Allergies:
ace inhibitors

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, 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: 1. Rarely, 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
patient 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 4 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 60-year-old female admitted to home health services following a recent hospitalization related to a congestive heart failure exacerbation and a fall in the home. Past medical history is significant for congestive heart failure, chronic kidney disease, type 2 diabetes mellitus, atrial fibrillation, chronic hypoxic respiratory failure secondary to COPD, hypertension, hyperlipidemia, prior cerebrovascular accident, sleep apnea, obesity, and long-term oxygen use. The recent fall did not result in head injury or fractures; however, the patient sustained an abrasion to the left hip, which is currently scabbed and healing well without signs of infection. On assessment, the patient was alert and oriented to person, place, time, and situation (x4). Vital signs were obtained. The patient reports pain in the left foot, which was noted to be significantly edematous with +3 to +4 pitting edema. She ambulates indoors using a rollator and occasionally a cane, covering approximately 30 feet with supervision and supplemental oxygen. Transfers to bed, chair, and toilet, as well as bed mobility, are performed with supervision. Outdoor mobility, stair negotiation, and car transfers were not assessed at this visit. The patient is considered homebound due to the significant effort required to leave the home using an assistive device and oxygen, as supported by a Tinetti score of 14/28, indicating a high fall risk. Respiratory assessment revealed expiratory wheezing throughout lung fields; however, the patient denied shortness of breath at rest. She is on continuous oxygen via nasal cannula at 2.5 L/min, with pulse oximetry readings ranging from 91-93%. Cardiovascular and gastrointestinal assessments were unremarkable, with audible bowel sounds present and the patient reporting a bowel movement earlier the same day. Skin assessment revealed warm, dry skin with no rashes or open wounds aside from the healing left hip abrasion. The patient resides in a first-floor apartment with her mother, for whom she serves as a caregiver. The living environment was noted to have severe clutter in the patient's bedroom, with only a narrow pathway for entry, posing an additional fall and safety risk. Both the patient and her mother require assistive devices and supplemental oxygen, increasing the complexity of care and safety concerns within the home. During therapy assessment, the patient participated in supine therapeutic exercises, including hip flexion, bridging, straight leg raises, hip abduction, knee extension, and ankle pumps, completing five repetitions of each exercise and tolerating the session with supervision. She demonstrates decreased strength, endurance, balance, and

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Linda Ataifo
815 E. Pratt St
Baltimore, MD 21202
PHONE: 4106375700 FAX: NPI: 1609371905

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 : 01/11/2026

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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Sheila Green 3003 WEST NORTH AVENUE Apt 103, BALTIMORE, MD 21216- 443-740-7222	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

functional mobility, contributing to impaired safety and independence. The patient was admitted to home health services for skilled nursing, physical therapy, and occupational therapy. Skilled nursing will monitor cardiopulmonary status, oxygen use, edema, skin integrity, pain, and chronic disease management. Physical and occupational therapy services are indicated to improve strength, balance, functional mobility, transfer safety, and independence with activities of daily living while addressing fall risk and environmental safety concerns. The overall goal of care is to reduce fall risk, improve functional capacity, and promote the patient's ability to safely manage self-care and caregiving responsibilities within the home environment.
 Date of Order 01/28/2026 Orders Physician Face-to-Face Date: 01/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through 4 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Ataifo, Linda

SN Careplans

SN WK1: 1 (01/28/26-01/31/26) ,WK2: 2 (02/01/26-02/07/26) ,WK3: 2 (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: 2. Non-agency caregiver(s) need training/supportive services to 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: , M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, swelling in the arms/legs, delayed capillary refill, lung sounds not clear, wheezing, weak pulses in feet, M1400 - Dyspnea, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, rough/scaly/cracked skin, #1 - Abrasion - Anterior Left Hip -

PROCEDURES: physician-ordered wound care: #1 - Abrasion - Anterior Left Hip -: The abrasion is healing well and does not require any wound care at this time., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration: Patient currently has all medications in one plastic bag and is not taking all medications on her medication list. She will require extensive teaching on medications., coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area

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

SN Goals

PATIENT-STATED GOAL: "I want to be more independent."

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

patient's living environment is clean/uncluttered

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/28/2026

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including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * 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, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (01/28/26-01/31/26) ,WK2: 2 (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) ,WK6: 1 (03/01/26-03/07/26) ,WK7: 1 (03/08/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Be able to get around my house by myself

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/28/2026