Home Health Certification and Plan of Care

Order ID: 1150/16113

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
82151621	02/07/2026	From: 02/07/2026 To: 04/07/2026	22378	217058

6. Patient's Name and Address
Trudy Gordon
2425 Wellbridge Drive Apt D,
PARKVILLE, MD 21234-
410-971-6329

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 08/02/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.8	Other pneumonia unspecified organism	02/07/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	02/07/26
I50.30	Unspecified diastolic (congestive) heart failure	02/07/26
M32.9	Systemic lupus erythematosus unspecified	02/07/26
I48.0	Paroxysmal atrial fibrillation	02/07/26
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency	02/07/26
E78.00	Pure hypercholesterolemia unspecified	02/07/26
I70.0	Atherosclerosis of aorta	02/07/26
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	02/07/26
J31.0	Chronic rhinitis	02/07/26
D89.0	Polyclonal hypergammaglobulinemia	02/07/26
M35.02	Sjogren syndrome with lung involvement	02/07/26
E66.9	Obesity unspecified	02/07/26
Z68.32	Body mass index [BMI] 32.0-32.9 adult	02/07/26
Z79.01	Long term (current) use of anticoagulants	02/07/26
Z79.899	Other long term (current) drug therapy	02/07/26

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

Furosemide - Furosemide 40 mg / 1 Tablet by mouth once a day for 10 days. Commonly known as: LASIX
Dabigatran 150 mg / 1 Capsule by mouth twice a day Commonly known as: PRADAXA
Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 200 mg / 1 Tablet by mouth once a day Commonly known as: PLAQUENIL
Therapeutic Multivitamin-Minerals 1 Tablet by mouth once a day
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g / 1 Packet by mouth once a day Stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage. Commonly known as: MIRALAX Start taking on: February 6, 2026
Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth in the evening Commonly known as: LIPITOR
Losartan Potassium - Losartan Potassium 50 mg / 1 Tablet by mouth once a day Commonly known as: COZAAR
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth twice a day
Amlodipine - Amlodipine Besylate 10mg by mouth once a day Commonly known as: NORVASC
1 tab daily for blood pressure

14. DME and Supplies:
cane, rolling walker, hand held shower, walker, 4 wheeled walker

15. Safety Measures:
walker precautions, smoke detectors , , , , ambulates with device, transfer with assist, supervision at all times, medical alert/lifeline, ambulates with assistance, , hand rails, bathroom safety, , activity supervision

16. Nutrition:
low sodium, cardiac diet

17. Allergies:
iodine penicillin

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

18.B. Activities Permitted
Cane, Walker, 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: No

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Pneumonia Unspecified Organism, 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 an 81-year-old female originally from Trinidad who resides in a second-floor apartment requiring ascent and descent of 15 steps, which she manages independently with intermittent assistance from family and friends. She was admitted with complaints of shortness of breath and was found to have hypoxia requiring supplemental oxygen therapy, with oxygen saturation monitored closely. Her past medical history is significant for hypertension, aortic stenosis, aortic regurgitation (with prior transthoracic echocardiogram completed in September 2024), systemic lupus erythematosus (SLE) managed with hydroxychloroquine, paroxysmal atrial fibrillation, dyslipidemia, and cholelithiasis. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented and able to effectively communicate her needs. Respiratory examination revealed diminished breath sounds and clinical evidence of pulmonary congestion. Chest imaging demonstrated multifocal ground-glass opacities and consolidation consistent with multifocal pneumonia, along with bilateral pleural effusions. Respiratory viral panel was negative. She is currently receiving levofloxacin 750 mg daily for empiric treatment of suspected bacterial pneumonia and intravenous furosemide for management of pleural effusions and pulmonary vascular congestion. A pulmonology consultation has been placed for further evaluation and management. Cardiovascular status remains stable. Her paroxysmal atrial fibrillation is managed with metoprolol and dabigatran (Pradaxa), which also provides venous thromboembolism prophylaxis. Blood pressure is being closely monitored, and she continues amlodipine 10 mg daily and losartan 50 mg daily for hypertension. Dyslipidemia is managed with atorvastatin 40 mg daily. SLE management is continued with hydroxychloroquine 200 mg orally daily, and she is being monitored for signs of lupus flare during this acute illness. Gastrointestinal <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> is unremarkable; incidental cholelithiasis was noted on imaging without associated symptoms, and no acute intervention is required. She is tolerating a regular diet. Functionally, the patient is currently bedbound and was assessed in the supine position with bilateral knee flexion deformities and hamstring contractures. Both lower and upper extremities demonstrate muscle atrophy, and she exhibits generalized weakness. She is dependent for bed mobility and transfers. The patient has a history of poor medical compliance and a limited support network. She was observed to be in poor hygienic condition and does not have a designated caregiver. A friend present at the bedside received instruction in a home exercise program, including passive knee stretching, assisted straight leg raises, and lower extremity abduction and adduction exercises, with return demonstration and verbalized understanding. The patient owns a four-wheeled walker and a cane for ambulation. She sleeps in a queen-sized bed and would benefit from additional durable medical equipment, including a shower chair with extension outside the tub, an elevated toilet seat with handles, grab bars, and a handheld shower head to improve safety and independence with activities of daily living. Compression stockings are recommended, and arrangements should be made to order them or provide guidance on procurement. She has applied for handicapped parking tags through the DMV and is planning to relocate to a first-floor apartment within the same building to improve accessibility. Safety measures are in place, and the patient and family have been updated regarding the plan of care. All medications are available in the home. The patient is designated as full code. Estimated discharge is anticipated within 36 hours pending continued clinical improvement, stabilization of respiratory status, and confirmation of appropriate home support and equipment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 02/05/2026

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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needs.
 Date of Order 02/07/2026 Orders Physician Face-to-Face Date: 02/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat due to Other Pneumonia Unspecified Organism 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:
 Physician Varghese, Sherin

SN Careplans

SN WK1: 1 (02/07/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26)

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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited endurance, limited strength, muscle weakness, balance deficit, daytime fatigue, obesity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient wants to regain her strength so she can walk without getting so weak and short of breath when grocery shopping or shopping with her family and friends.

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/07/2026

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PT WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26)

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: cough/deep breathing exercises, incentive spirometer, equipment training, gait training on uneven surfaces, 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

PATIENT-STATED GOAL: To get stronger and walk longer distance

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

Sit to Stand - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/07/2026