Home Health Certification and Plan of Care

Order ID: 1150/16205

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89318752	02/08/2026	From: 02/08/2026 To: 04/08/2026	22150	217058

6. Patient's Name and Address

Shirley Green
334 Endsleigh Ave,
Middle River, MD 21220-
443-529-8099

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 06/26/1959 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J10.1	Flu due to oth ident influenza virus w oth resp manifest	02/08/26

13. ICD	Other Pertinent Diagnoses	Date
S32.592D	Oth fracture of left pubis subs for fx w routn heal	02/08/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	02/08/26
I50.9	Heart failure unspecified	02/08/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/08/26
N18.6	End stage renal disease	02/08/26
D63.1	Anemia in chronic kidney disease	02/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/08/26
I25.2	Old myocardial infarction	02/08/26
K70.10	Alcoholic hepatitis without ascites	02/08/26
E78.00	Pure hypercholesterolemia unspecified	02/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/08/26
F32.A	Depression unspecified	02/08/26
Z99.2	Dependence on renal dialysis	02/08/26
Z95.0	Presence of cardiac pacemaker	02/08/26
Z79.82	Long term (current) use of aspirin	02/08/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/08/26
Z79.4	Long term (current) use of insulin	02/08/26
Z86.19	Personal history of other infectious and parasitic diseases	02/08/26
Z91.81	History of falling	02/08/26

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

Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day oral delayed release tablet
for CHF
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth once a day for HLD
Calcitriol - Calcitriol 0.25mcg 1 Capsule by mouth once a day every Mon, Wed, Fri for Renal disease 3times a week
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 mg 75 mg/ 1 Tablet by mouth once a day for monitoring
Creon - Pancrelipase (Amylase:Lipase:Protease) 36000 units / 1 Capsule by mouth twice a day 1 cap PO 2x/day with food
for supplement take with food
Pantoprazole - Pantoprazole Sodium 40 mg/ 1 Tablet by mouth once a day 40 mg = 1 tab PO qAM
for GERD
Calcium Acetate - Calcium Acetate 667 mg / 1 tablet by mouth three times a day 667 mg = 1tab PO 3x/day with food
Oseltamivir 30 mg / 1 capsule by mouth threee times per week 30 mg = 1cap PO Tu/Th/Sa
Guaifenesin - Guaifenesin 100mg/5ml by mouth as necessary Give 10ml every 6 hours as needed for cough
Humalog Insulin - Insulin Lispro Recombinant 100 unit/ml subcutaneous as necessary Inject as per sliding scale:
0-69 =0
<70 notify doctor
70-200 = 0
201-250 = 2 units
251-300 +4 units
301-350 =6 units
351-400 =8 units
401+ = 8 units if BS is >400 give insulin and notify doctor
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40mg by mouth once a day Take 1 tab daily for GERD
Extra Strength Tylenol - Acetaminophen 500mg tabs by mouth three times a day Give two tabs (1000mg) every 8 hours as needed for pain
Nephro-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0.8 mg by mouth once a day Take 1 tab daily for supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 units per tab by mouth once a day Take 1 tab daily for supplement

14. DME and Supplies:

cane

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, transfer with assist, supervision at all times, ambulates with assistance, , hand rails, bathroom safety, , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

lisinopril latex

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Influenza Due To Unidentified Influenza Virus With Other Respiratory Manifestations, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 01/23/2026

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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Shirley Green 334 Endsleigh Ave, Middle River, MD 21220- 443-529-8099	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 66-year-old female recently hospitalized for sepsis secondary to Influenza A, complicated by hypotension, elevated troponin levels (in the 500s), and a nondisplaced left inferior pubic ramus fracture sustained from a recent mechanical fall at home. She was transported to the hospital via EMS due to acute lethargy and non-responsiveness, as reported by her son. During hospitalization, she was diagnosed with Influenza A and treated with oseltamivir. Hypotension on admission resolved with intravenous fluid resuscitation. She also experienced diarrhea likely related to the influenza infection. Elevated troponin was noted in the context of known coronary artery disease; she remains on aspirin, clopidogrel (Plavix), and atorvastatin for secondary prevention. No new ischemic intervention was documented. The left inferior pubic ramus fracture was determined to be nondisplaced, with associated pain but no neurovascular deficits. Her past medical history is significant for end-stage renal disease on thrice-weekly hemodialysis (Tuesday, Thursday, Saturday schedule), permanent pacemaker placement for complete heart block, coronary artery disease status post bare-metal stent (2012), prior NSTEMI (2021), congestive heart failure, hypertension, type 2 diabetes mellitus, dyslipidemia, chronic pancreatitis, anemia, depression, gastroesophageal reflux disease, alcoholic hepatitis, and atherosclerotic heart disease. She is prescribed calcium acetate and calcitriol for ESRD-related mineral bone disease management. She leaves for dialysis between approximately 9:30 AM and 12:30 PM on treatment days and should not be scheduled for <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> during that time. The patient resides in a cluttered and poorly maintained rowhome/townhome with her two sons; there is no bathroom on the main level, and a full bathroom is located on the second floor, requiring stair negotiation. She owns a single-point cane and wheelchair but reports inconsistent use of the cane. Prior to hospitalization, she was independent in the community without an assistive device and independent with basic self-care, transfers, and ambulation. She does not drive. At the time of home health assessment, she was alert and oriented. She demonstrated impaired balance, lower extremity weakness, decreased endurance, and difficulty negotiating stairs following her recent fracture and hospitalization. Physical therapy evaluation identified deficits in gait stability and functional mobility; skilled physical therapy is indicated to address balance training, strengthening, endurance, and safe stair negotiation to reduce fall risk and restore prior level of function. Occupational therapy evaluation determined that the patient is currently functioning at an independent level with self-care, transfers, and functional mobility within the home environment; therefore, no skilled occupational therapy services are warranted at this time. During the nursing visit, the patient appeared resistant to care and rushed the assessment. She refused to provide medication bottles for reconciliation; therefore, medication review was conducted using hospital discharge paperwork located in the home. Given the complexity of her medical history and polypharmacy, she requires extensive medication education and adherence support. A pill organizer is recommended to improve compliance. Education for both the patient and her sons regarding disease processes, dialysis management, cardiac history, fracture precautions, fall prevention, and medication administration will be necessary if permitted. Skilled nursing services are medically necessary for cardiopulmonary assessment, monitoring for recurrent infection or decompensation, dialysis coordination, medication management and reconciliation, and reinforcement of safety education. Skilled physical therapy will focus on lower extremity strengthening, balance retraining, gait training with appropriate assistive device use, and stair safety. The overall plan of care is directed toward restoring functional mobility, preventing further falls or rehospitalization, promoting medication adherence, and ensuring safe management of her multiple chronic conditions within the home environment.
 Date of Order 02/08/2026 Orders Physician Face-to-Face Date: 01/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Influenza Due To Unidentified Influenza Virus With Other Respiratory Manifestations 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 Emmanuel-Allen, Laura

SN Careplans

SN WK1: 1 (02/08/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more 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, 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, 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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, limited endurance, limited strength, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, monitor dialysis schedule

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

SN Goals

PATIENT-STATED GOAL: To be independent

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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

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/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/08/2026

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changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * strategies to increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (02/08/26-02/14/26) ,WK2: 2 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, home exercise program: Long arc quads, Heel raises hip flexion, hip abduction hamstring curls, hip extension., 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, * 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 - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To walk with no device and being independent in the home

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

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 - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 1 (02/08/26-02/14/26)

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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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 - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

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 - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/08/2026