# Home Health Certification and Plan of Care

**Order ID: 1150/16301**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 32806449 | 02/14/2026 | From: 02/14/2026 To: 04/14/2026 | 22352 | 217058 |

**6. Patient's Name and Address**

Willie Redd
1125 Sherwood Avenue,
BALTIMORE, MD 21239-
410-366-3611

**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** 07/30/1945 | **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 | 02/14/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I50.9 | Heart failure unspecified | 02/14/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 02/14/26 |
| N18.30 | Chronic kidney disease stage 3 unspecified | 02/14/26 |
| D63.1 | Anemia in chronic kidney disease | 02/14/26 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 02/14/26 |
| E78.5 | Hyperlipidemia unspecified | 02/14/26 |
| E03.9 | Hypothyroidism unspecified | 02/14/26 |
| F02.80 | Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx | 02/14/26 |
| M10.9 | Gout unspecified | 02/14/26 |
| F17.210 | Nicotine dependence cigarettes uncomplicated | 02/14/26 |
| H91.90 | Unspecified hearing loss unspecified ear | 02/14/26 |
| Z91.81 | History of falling | 02/14/26 |

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

Lipitor - Atorvastatin Calcium eq 40 mg base by mouth once a day
Armour Thyroid - Levothyroxine Sodium 75 mcg by mouth once a day
Allopurinal - Allopurinol 100 mg by mouth once a day
Cozaar - Losartan Potassium 50 mg by mouth once a day
Nifedipine Er - Nifedipine 60mg by mouth once a day cardiac
Senna - Senna 8.6mg (2) by mouth twice a day stool softener
Hearing Aid - - immediately

**14. DME and Supplies:**

bath bench, cane

**15. Safety Measures:**

supervision at all times, , bathroom safety, cardiac precautions, , ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**

low cholesterol, low sodium, cardiac diet

**17. Allergies:**

thiazieds

**18.A. Functional Limitations**

Endurance, Hearing

**18.B. Activities Permitted**

Cane, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

**20. Prognosis:** good

**22. A Rehabilitation Potential:**

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 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 an 80-year-old female referred to home health services following a recent hospitalization for hyponatremia associated with ambulatory decline, resulting in a taxing effort to leave the home. Her past medical history is significant for hypertensive heart and kidney disease, diabetes mellitus, hypothyroidism, dementia, gout, nicotine dependence, hearing loss, and a history of falls. She resides in a two-story townhouse with a roommate, and her bedroom and bathroom are located on the second floor. Paper consents were obtained due to technical issues with electronic documentation. Prior to hospitalization, the patient was independent with basic self-care, instrumental activities of daily living, functional transfers, and ambulation. At present, she ambulates approximately 30 feet indoors using a cane with supervision and negotiates 14 stairs with a handrail and cane under supervision. She performs bed mobility and transfers to bed, chair, and toilet with supervision. Outdoor mobility and car transfer skills were not assessed during this visit. The patient reports that prior to her recent illness she was unsteady on her feet but did not require an assistive device; she now requires a cane for ambulation. Her Tinetti balance assessment score was 14/28, indicating increased fall risk and supporting homebound status due to the significant effort required to leave the home. She expressed a desire to increase lower extremity strength and return to her prior level of independence. On assessment, no wounds or abnormal bleeding were noted. The patient denied recent falls. She reports no bowel movement for two days and has a chronic history of constipation, typically having bowel movements two to three times per week. She reports occasional gas without associated abdominal discomfort. Appetite is reported as good. Blood work, including CBC and BMP, was drawn at a recent Johns Hopkins medical appointment. The patient is hard of hearing, wears a hearing aid in the right ear, and requires communication from her right side for optimal understanding. She reports smoking approximately half a pack of cigarettes daily. Education was provided regarding smoking cessation and safety. The patient acknowledged occasional forgetfulness with medication administration and currently takes medications directly from bottles. Education was provided regarding use of a pill organizer to improve compliance and reduce the risk of missed or duplicate doses. Medications were reviewed for understanding. Her son was present during the visit. Therapeutic exercise was initiated and tolerated, including supine hip flexion, bridging, hook-lying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps, performed at 10 repetitions each with cueing for proper technique. The patient currently demonstrates independence with basic self-care and functional mobility at a supervised level; however, she presents with decreased balance and lower extremity strength contributing to fall risk. Skilled physical therapy services are recommended to address strength deficits, balance training, gait safety, and fall prevention with the goal of restoring full independence and reducing risk of rehospitalization. Continued skilled nursing oversight is appropriate for monitoring electrolyte status, chronic disease management, medication adherence, bowel function, and safety in the home. <span style="font-size:

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 02/14/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Pauline Daley Richards
6565 N Charles St
Baltimore, MD 21204
PHONE: 4438493760 FAX: 14438493887 NPI: 1174504864

**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 : 01/31/2026

**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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14px;"><br> Date of Order 02/14/2026 Orders Physician Face-to-Face Date: 01/31/2026 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 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 <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Daley Richards, Pauline

## SN Careplans

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

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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, 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 ; 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.

no wounds noted
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, muscle weakness, limited strength, limited endurance, balance deficit, B0200 - Hearing Deficit

PROCEDURES: Medication management , cough/deep breathing exercises, coordinate/arrange preparation of missing meals, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * 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, meal preparation is available to patient for all meals

## SN Goals

PATIENT-STATED GOAL: increase strength of lower extremities;take medication correctly and increase strength of LE

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
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

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

meal preparation is available to patient for all meals

## PT Careplans

## PT Goals

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/14/2026

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PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To get stronger and be more confident on my feet

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

## OT Careplans

OT WK2: 1 (02/15/26-02/21/26)

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

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 - 05. Setup or clean-up 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
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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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 | 02/14/2026 |