Home Health Certification and Plan of Care

Order ID: 1150/16293

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2FT4J08XG78	02/14/2026	From: 02/14/2026 To: 04/14/2026	22484	217058

6. Patient's Name and Address

Linda Straub
3513 East Joppa Rd,
PARKVILLE, MD 21234-
443-453-3814

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 02/15/1958 **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
I50.31	Acute diastolic (congestive) heart failure	02/14/26
N18.4	Chronic kidney disease stage 4 (severe)	02/14/26
D63.1	Anemia in chronic kidney disease	02/14/26
I48.0	Paroxysmal atrial fibrillation	02/14/26
E78.5	Hyperlipidemia unspecified	02/14/26
F51.02	Adjustment insomnia	02/14/26
F33.0	Major depressive disorder recurrent mild	02/14/26
E66.01	Morbid (severe) obesity due to excess calories	02/14/26
Z79.01	Long term (current) use of anticoagulants	02/14/26
Z95.2	Presence of prosthetic heart valve	02/14/26
Z74.01	Bed confinement status	02/14/26
Z87.440	Personal history of urinary (tract) infections	02/14/26

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

Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day for DVT prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth in the evening for cholesterol
Melatonin - Melatonin 3 mg / 1 Capsule by mouth at bedtime for insomnia
Acetaminophen - Acetaminophen 500 mg / 1 Tablet by mouth every 8 hours Extra Strength for pain
Cinacalcet Hydrochloride - Cinacalcet Hydrochloride 30 mg / 1 Tablet by mouth twice a day for chronic kidney disease
Claritin - Loratadine 10 mg / 1 Tablet by mouth in the morning for antihistamine
Omeprazole - Omeprazole 20 mg / 1 Tablet by mouth once a day for GERD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth at bedtime for BPH
Tizanidine Hydrochloride - Tizanidine Hydrochloride 2 mg base / 1 Tablet by mouth at bedtime for muscle cramping
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg / 1 Tablet by mouth at bedtime Give 0.5 tablet for depression
Ammonium Lactate - Ammonium Lactate 12 perc base topical twice a day Apply to affected area for itching
Lidoderm - Lidocaine 5 perc topical once a day apply to left shoulder for pain for 12 hours then remove
Menthol-Zinc Oxide External Ointment 0.44-20% topical as necessary Apply to sacrum, groin folds as needed for redness, irritation
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth as necessary take every 6 hours as needed for severe pain (7-10)
Senna S - Senna 8.6-50 mg / 1 Tablet by mouth at bedtime Give 2 tablet for Bowel Regimen
Sodium Bicarbonate - Sodium Bicarbonate 650 mg / 1 Tablet by mouth after meal take 2 tablets with meals for CKD
Ondansetron - Ondansetron 4 mg / 1 Tablet by mouth as necessary take every 6 hours as needed for Nausea and Vomiting
Cholecalciferol Oral Tablet (Cholecalciferol) 125 mcg (5000 UT) / 1 Tablet by mouth once a day for supplement

14. DME and Supplies:

wheelchair, walker, commode, hospital bed

15. Safety Measures:

standard precautions, bleeding precautions, fall precautions, bedrails up while in bed, anticoagulant precautions, activity supervision

16. Nutrition:

renal diet

17. Allergies:

erythromycin iodine pecans pineapple shellfish

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

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: 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 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:

<p class="MsoNoSpacing">The patient is a 68-year-old female with a significant past medical history including chronic kidney disease stage 4, atrial fibrillation, aortic stenosis status post aortic valve replacement, liver and pancreatic cancer, renal stones, urinary tract infections, hypertension, morbid obesity, and recent sepsis, with a recent hospitalization for shortness of breath and prolonged hospital/sub-acute stay. She is alert and oriented 4 and resides with her husband in a ranch-style home. Vital signs are within normal limits, respirations are even and unlabored, lungs are clear to auscultation, bowel sounds are active, and medications were reviewed. She reports occasional nausea and shortness of breath and fatigues easily with activity. The patient is currently bedbound and requires assistance with bed mobility and transfers; she previously required assistance with self-care but was able to ambulate short distances with a rollator and perform functional transfers independently. At present, she demonstrates decreased sitting and standing balance, reduced sitting tolerance, decreased bilateral upper extremity strength, and limited activity tolerance, impacting her ability to perform self-care, transfers, and functional ambulation. Her husband reported open skin on her buttocks; however, the patient declined assessment during this visit, stating she preferred to complete hygiene care first and agreed to be clean and ready

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

Hilary Don
5901 N. Charles Street
Baltimore, MD 21210
PHONE: 4104646238 FAX: 14104646228 NPI: 1255499273

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 : 01/12/2026

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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for evaluation at the next visit. During therapy, she required assistance with heel slides, straight leg raises, lower extremity abduction/adduction, supine-to-sit transfer, long arc quads, and standing with a walker for approximately two minutes. Skilled PT and OT services are recommended to address deficits and improve safety and functional independence to facilitate return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/14/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/12/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: 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<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> OT 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;"> Don, Hilary

SN Careplans

SN WK1: 1 (02/14/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK4: 1 (03/01/26-03/07/26) ,WK6: 1 (03/15/26-03/21/26)

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, muscle weakness, Pain Interference with ADLs, balance deficit, skin breakdown r/t incontinence

PROCEDURES: cough/deep breathing exercises

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, * 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

SN Goals

PATIENT-STATED GOAL: to be independent again.

GOALS
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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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PT WK2: 2 (02/15/26-02/21/26) ,WK3: 2 (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 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, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance

PATIENT-STATED GOAL: To get stronger and walk again

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK2: 1 (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: , 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: Medication Review : Medication reviewed with patient and caregiver with all medications noted in the home. , wheelchair training, therapeutic exercises, equipment training, work simplification/energy conservation, transfers training, transfers training, assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with lower body dressing, assist with upper body dressing

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 - 01. Dependent, Car Transfer

OT Goals

PATIENT-STATED GOAL: Get out of bed.

GOALS
Chair to Bed to Chair - 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

Toilet Transfer - 01. Dependent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
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- 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

HHA Careplans

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

PROCEDURES: assist with bathing: Dependent, assist with toileting hygiene: Max A in bed, assist with transferring: Dependent, assist with mobility: Bedbound, assist with feeding/eating: Setup, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/14/2026