Home Health Certification and Plan of Care

Order ID: 1150/16292

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37331433	02/14/2026	From: 02/14/2026 To: 04/14/2026	3292	217058

6. Patient's Name and Address

Rosanne Frailer
800 Candlelight Drive Apt 1C,
BEL AIR, MD 21014-
443-876-8748

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 08/25/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	02/14/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/14/26
I10.	Essential (primary) hypertension	02/14/26
E11.9	Type 2 diabetes mellitus without complications	02/14/26
E78.00	Pure hypercholesterolemia unspecified	02/14/26
M15.9	Polyosteoarthritis unspecified	02/14/26
J96.11	Chronic respiratory failure with hypoxia	02/14/26
E03.9	Hypothyroidism unspecified	02/14/26
M48.00	Spinal stenosis site unspecified	02/14/26
M79.7	Fibromyalgia	02/14/26
D50.9	Iron deficiency anemia unspecified	02/14/26
M41.9	Scoliosis unspecified	02/14/26
B37.2	Candidiasis of skin and nail	02/14/26
G89.4	Chronic pain syndrome	02/14/26
F41.9	Anxiety disorder unspecified	02/14/26
F32.A	Depression unspecified	02/14/26
H53.8	Other visual disturbances	02/14/26
H91.10	Presbycusis unspecified ear	02/14/26
E55.9	Vitamin D deficiency unspecified	02/14/26
E66.9	Obesity unspecified	02/14/26
Z68.42	Body mass index [BMI] 45.0-49.9 adult	02/14/26
Z79.01	Long term (current) use of anticoagulants	02/14/26
Z99.81	Dependence on supplemental oxygen	02/14/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/14/26
Z86.718	Personal history of other venous thrombosis and embolism	02/14/26

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

Albuterol (PROAIR/PROVENTIL/VENTOLIN) 0 90 mcg/actuation Inhl HFAA, Inhale 2 Puffs by mouth every 6 hours as needed for wheezing.
Buspar - Buspirone Hydrochloride 5mg oral tablet, take 1 tablet by mouth twice a day anxiety
Cardizem Cd - Diltiazem Hydrochloride 0 240 mg Oral 24hr SR Cap, Take 1 capsule by mouth once a day HTN/HEART
Cardura - Doxazosin Mesylate 0 4 mg Oral Tab, Take 1 by mouth once a day HTN
Dilaudid - Hydromorphone Hydrochloride 4 mg Oral Tab, Take 2 tablets by mouth in the morning PAIN
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) Oral Tab, Take 1 tablet by mouth once a day SUPPLEMENT
Glucophage Xr - Metformin Hydrochloride 500 mg Oral 24hr SR Tab, Take 2 tablets by mouth once a day T2DM
Levothroid - Levothyroxine Sodium 75 mcg Oral Tab, Take 1 tablet by mouth once a day HYPOTHYROIDISM
Zofran - Ondansetron Hydrochloride 0 4 mg Oral Tab, Take 1 tablet by mouth as necessary N/V
Prozac - Fluoxetine Hydrochloride 0 20 mg Oral Cap, Take 1 capsule by mouth once a day
Prinzide - Hydrochlorothiazide: Lisinopril 10- 12.5 mg Oral Tab, Take 1 table by mouth once a day HTN
Prilosec - Omeprazole 20 mg Oral CPDR SR Cap, Take 20 mg by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 0 150 mg Oral Cap, Take 1 capsule by mouth every 12 hours
Neurontin - Gabapentin 0 600 mg Oral Tab, Take 1 table by mouth three times a day (This is a higher dosage so only take 1 tablet a day rather than 2 tablets), Disp: 180 tablet, Rfl: 1
Flexeril - Cyclobenzaprine Hydrochloride 0 10 mg Oral Tab, take 2 tablets by mouth at bedtime as needed to reduce back and leg spasms, Disp: 60 tablet, Rfl: 0
Miralax - Polyethylene Glycol 3350 0 17 gram Oral Pwd Pkt, by mouth once a day

14. DME and Supplies:
wheelchair, commode, oxygen supplies

15. Safety Measures:
diabetic precautions, , , , , activity supervision

16. Nutrition:
diabetic

17. Allergies:
azithromycin grass pollen levofloxacin cefdinir cats dogs

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: 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: 9. Not Applicable

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Paroxysmal Atrial Fibrillation, 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 73-year-old female with a past medical history significant for coronary artery disease (CAD), hyperlipidemia, hypertension, and type 2 diabetes mellitus. She resides at home with her husband and is currently non-ambulatory. The patient remains primarily seated in a chair in the living room and utilizes a bedside commode, performing stand-pivot transfers for toileting. She is alert and oriented to person, place, time, and situation; however, she requires repetition during communication due to hearing impairment despite the use of hearing aids. The patient is receiving supplemental oxygen at 2 liters per minute via nasal cannula. She denies shortness of breath, chest pain, dizziness, or lightheadedness. She reports occasional hand tremors and intermittent nausea but does not describe associated acute distress. Vital signs obtained during the visit were within normal limits. Lung sounds were clear to auscultation bilaterally, and bowel sounds were active in all quadrants. Skin assessment revealed intact skin without evidence of breakdown. A comprehensive physical assessment was completed, and medications were reviewed with the patient to ensure reconciliation and adherence. Education was provided regarding continued oxygen safety, monitoring for cardiopulmonary symptoms, fall prevention during transfers, and reporting of any worsening tremors, persistent nausea, chest discomfort, or respiratory changes. The patient has a scheduled telehealth visit with her primary care provider on 02/26/2026 for ongoing medical management. At this time, the patient remains medically stable with vital signs within normal limits and no acute cardiopulmonary concerns noted. The plan of care includes continued monitoring of chronic conditions, reinforcement of medication adherence, safety with transfers to the bedside commode, and prompt communication with the primary care provider regarding any changes in condition.
 Date of Order <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
Jerome Chambers
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 14109337600 FAX: NPI: 1053978189

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 : 02/08/2026

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;">02/14/2026 Orders Physician Face-to-Face Date: 02/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat HHA-eval & treat MSW-eval & treat due to Paroxysmal Atrial Fibrillation 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
 Physician Chambers, Jerome

SN Careplans

SN WK1: 1 (02/14/26-02/14/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26)

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, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, nausea/vomiting, muscle weakness, Pain Interference with ADLs, balance deficit, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To breathe easily without using supplemental oxygen

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
* 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
* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/14/2026