Home Health Certification and Plan of Care

Order ID: 1150/16317

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61150190	02/16/2026	From: 02/16/2026 To: 04/16/2026	22350	217058

6. Patient's Name and Address

Dolores Martin
1712 Wolcott Way,
Hanover, MD 21076-
410-379-1004

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 12/03/1930 | **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	02/16/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	02/16/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/16/26
N18.9	Chronic kidney disease u	02/16/26
N25.81	Secondary hyperparathyroidism of renal origin	02/16/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	02/16/26
I70.0	Atherosclerosis of aorta	02/16/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/16/26
M79.18	Myalgia other site	02/16/26
G30.0	Alzheimer's disease with early onset	02/16/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	02/16/26
I27.20	Pulmonary hypertension unspecified	02/16/26
J30.9	Allergic rhinitis unspecified	02/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/16/26
Z66.	Do not resuscitate	02/16/26
Z91.81	History of falling	02/16/26

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

Zyloprim - Allopurinol 100 mg 100mg/ 1 tablet by mouth once a day daily for gout
End date: 4/14/2026
Norvasc - Amlodipine Besylate eq 10 mg base 0 10 mg/ 1 Tablet Oral daily blood pressure
Lipitor - Atorvastatin Calcium eq 20 mg base 0 20mg/ 1 tablet by mouth once a day for cholesterol and heart protection
end date: 5/19/2026
Colcrys - Colchicine 0.6mg/ 1 tablet by mouth once a day daily for gout
End date: 5/15/2026
Pepcid - Famotidine 20 mg 0 20mg/ 1 tablet by mouth twice a day as needed for heartburn
Acetaminophen - Acetaminophen 500mg; 2 tabs by mouth every 6 hours as needed for pain

14. DME and Supplies:

bath bench, walker, cane

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, ambulates with device, walker precautions, ambulates with assistance, activity supervision

16. Nutrition:

diabetic, cardiac diet,

17. Allergies:

aspirin benadryl penicillin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker

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: No

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

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis 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 a 95-year-old female recently admitted as an inpatient with diagnoses including chronic knee pain, nephrosclerosis, hypertension, atherosclerosis of the aorta, pulmonary hypertension, heart failure, pulmonary edema, and hypertensive urgency. Skilled nursing visits are scheduled (2W2, 1W4); the patient declined home health aide services, and PT/OT evaluations have been ordered. She is alert and oriented 3, denies pain and shortness of breath at rest, but reports exertional dyspnea relieved by rest. Bilateral lower lobe crackles and trace bilateral lower extremity edema (left greater than right) were noted. She reports a good appetite, consumes three meals daily, and had her last bowel movement a couple of days ago. She ambulates with a rollator or walker and requires supervision or standby assistance for ambulation and basic ADLs, and moderate assistance for bathing. The patient lives with her daughter and son-in-law in a multi-level home (two steps to enter, 12 steps to the second floor where her bedroom and bathroom are located); they assist with all ADLs and IADLs as needed. She is at risk for falls and demonstrates deconditioning, chronic knee instability, and intermittent noncompliance with assistive device use and prescribed exercises due to pain and low motivation, though she is willing to participate in therapy. Past medical history includes GERD, chronic neck and shoulder myalgia, type 2 diabetes mellitus, and hypertensive kidney disease. Additional concerns include mouth soreness with chewing difficulty, gas and indigestion, prior weight loss (current weight 122 lbs, up from 118 lbs), dental issues, left-hand numbness, and right-leg tremors. She reports a prior hospitalization for bradycardia (heart rate approximately 30 bpm), possibly related to long-term metoprolol use, though the prescriber is unknown. She takes acetaminophen every 5-6 hours for headaches and neck pain. Skilled nursing reviewed all medications, including dosages, frequencies, and potential side effects, and provided education on signs and symptoms of heart failure exacerbation and the importance of daily weights; the patient verbalized understanding.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/16/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/04/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat OT eval and treat HHA 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> OT Eval Notes<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial;

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherell Mason
815 E. Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375661 NPI: 1750375481

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 : 02/04/2026

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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Dolores Martin 1712 Wolcott Way, Hanover, MD 21076- 410-379-1004	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Mason, Sherell</p>

SN Careplans

SN WK1: 1 (02/16/26-02/21/26) ,WK2: 2 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 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: 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, dependent edema, constipation, limited strength, limited endurance, Pain Interference with ADLs, balance deficit

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, * 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, patient's transportation needs are met, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET BETTER

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

patient's transportation needs are met

meal preparation is available to patient for all meals

OT Careplans

OT WK1: 1 (02/16/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26) ,WK8: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, , GG0130A1 - Eating, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, 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, GG0130B1 - Oral Hygiene, 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

OT Goals

PATIENT-STATED GOAL: to improve functional ambulation

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/16/2026

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- Walk 50 ft with 2 Turns

PROCEDURES: Home exercise program , Therapeutic exercise , Medication review , cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
02/16/2026