

Home Health Certification and Plan of Care				Order ID: 1150/16325	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1KW3T27VH11		02/16/2026		From: 02/16/2026 To: 04/16/2026	
				4. Medical Record No.	
				20005	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Diane Fickus			HomeCentris Healthcare LLC		
11607 Bonaparte Ave,			10 Crossroads Drive, Suite 102		
WHITE MARSH, MD 21162-			Owings Mills, MD 21117-8284		
937-430-9230			410-321-8448		
			1487113239		
8. DOB			9. Sex		
07/08/1949			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
113.0			Diltiazem Hydrochloride - Diltiazem Hydrochloride 120 mg 120 MG , Give 120 mg Tablet by mouth twice a day Dilt-XR Orel Capsule Extended Release 24 Hour 120 MG (Diltiazem HCl) Give 120 mg by mouth two times a day for HTN hold for SBP less than 100 and HR less than 60		
13. ICD			Glipizide - Glipizide 10 mg 10MG; 1 TAB by mouth twice a day DM		
150.32			Torsemide - Torsemide 20 mg 20 MG by mouth once a day EDEMA		
E11.22			1 TAB THEN SKIP A DAY		
N18.32			2 TABS THEN SKIP A DAY		
148.0			Oxybutynin - Oxybutynin 5MG; 1 TAB by mouth once a day OVERACTIVE BLADDER		
J96.11			Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 20 mg Tablet by mouth at bedtime Atorvastatin Calcium Oral Tablet 20 MG (Atorvastatin Calcium) Give 20 mg by mouth at bedtime for HLD		
I25.10			Melatonin - Melatonin 5 Mg, Give 5 mg tablet by mouth at bedtime		
I35.0			Melatonin Oral Tablet 5 MG (Melatonin) Glive 5 mg by mouth at beatime for INSOMNIA		
K57.90			Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 5-325 MK3, Give 1 tabel by mouth every 6 hours for MODERATE PAIN		
E78.5			Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) , Give 1 capsule by mouth once a day Cholecalciferol Oral Capsule 50 MCG (2000 UT) (Cholecalciferol) Give 1 capsule by mouth one time a day for supplement		
I27.20			Famotidine - Famotidine 20 mg 20 MG, Give 1 tablet by mouth twice a day		
E83.51			Famotidine Oral Tablet 20 MG (Famotidine) Give 1 tablet by mouth two times a day for GERD		
E87.6			Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU (50MCG); 1 TAB by mouth once a day SUPPLEMENT		
I34.0			Gabapentin - Gabapentin 300 mg 300 MG Give 1 capsule by mouth twice a day NEUROPATHY PAIN		
K21.9			Ammonium Lactate - Ammonium Lactate eq 12 perc base 12% Apply to extremities lopically topical once a day Ammonium Lactate Cream 12% Apply to extremities lopically every day shift for dry skin SHAKE CREAM. EXTERNAL USE ONLY MAY CAUSE INCREASED PHOTOSESITIVITY		
R32.			Lotrisone - Betamethasone Dipropionate: Clotrimazole 1-0.05% , Apply to under breasts topical as necessary Lotrisone Cream 1-0.05% (Clotetimazok Betamethasone) Apply to under breasts topically every day and evening shift for protection may apply non adherent dressing per pt request to prevent nostare		
E66.01			Colace - Docusate Sodium 50MG; 1 TAB by mouth as necessary FOR BOWEL REGIMEN		
Z68.44			Warfarin - Warfarin Sodium 3mg by mouth in the evening blood thinner		
Z79.01					
Z79.84					
Z99.81					
Dependence on supplemental oxygen					
14. DME and Supplies:			15. Safety Measures:		
wheelchair, diabetic supplies, bath bench, walker, commode			standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions, activity supervision		
16. Nutrition:			17. Allergies:		
diabetic			amoxicillin reglan		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			No Restrictions		
19. Mental & Pyschosocial Status:			20. Prognosis:		
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			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			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.					
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 02/16/2026					
24. Physician's Name and Address			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.		
James Baronas			F2F date : 02/11/2026		
8600 Lasalle Rd					
Baltimore, MD 21286					
PHONE: 4439214683 FAX: 14439214698 NPI: 1215071691					
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face					
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6. Patient's Name and Address Diane Fickus 11607 Bonaparte Ave, WHITE MARSH, MD 21162- 937-430-9230			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			
Clinical Condition Requiring Homecare: <p class="MsoNoSpacing">The patient is a 76-year-old female with a past medical history significant for type 2 diabetes mellitus, hypertension, heart failure, atrial fibrillation, hyperlipidemia, and chronic respiratory failure, recently hospitalized and subsequently admitted to subacute rehabilitation following a rib muscle strain sustained while reaching. She is alert and oriented 4 and in no acute distress. Lungs are clear to auscultation, and skin is warm and intact with mild erythema under the breasts, for which she applies clotrimazole and betamethasone cream. She is prescribed warfarin 3 mg nightly; her INR is 2.4, and the Coumadin clinic was notified with a verbal order to recheck in one week. Medication reconciliation was completed. The patient reports lower back and bilateral lower extremity pain rated 7/10, occasional cough, and dyspnea on exertion; fasting blood glucose was 153 mg/dL. She is morbidly obese, fatigues easily, and ambulates approximately 70 feet with a rolling walker and standby assistance; she also uses a bedside commode. She demonstrates decreased lower extremity strength, standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, impacting her ability to perform self-care, functional transfers, and mobility tasks. Prior to hospitalization, she lived with her boyfriend in a two-story home and was independent with basic self-care and mobility, while he assisted with household tasks. The patient expresses a desire to improve strength and endurance, and skilled PT and OT services are recommended to address deficits and facilitate return to her prior level of function.</o:p></p> <p class="MsoNoSpacing">&nbsp;</o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">02/16/2026
 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/11/2026
 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></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Baronas, James</p>						
SN Careplans			SN Goals			
SN WK1: 2 (02/17/26-02/21/26) ,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)			PATIENT-STATED GOAL: to walk without assistive devices			
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			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			
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			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			
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications			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			
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)			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule			
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Interference with ADLs, balance deficit						
PROCEDURES: LAB ORDER: From Medstar Franklin Square AC clinic. Check PT/INR at the patients first home visit (SOC) week of 2/16/26 and check weekly or as requested by AC clinic. Fax results to 443-777-6281. (Clinic phone number is 443-777-7010). Manager received verbal order from Frances Valle CRNP, if obtaining via fingerstick can obtain INR only., Medication Review: Medication reviewed with the patient/caregiver., 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule						
PT Careplans			PT Goals			
PT WK1: 1 (02/17/26-02/21/26) ,WK2: 2 (02/22/26-02/28/26) ,WK3: 2 (03/01/26-03/07/26) ,WK4: 2 (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)			PATIENT-STATED GOAL: To walk longer distance within the home			
PROBLEMS IDENTIFIED ON ASSESSMENT: 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			GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent			
PROCEDURES: cough/deep breathing exercises, incentive spirometer, gait training/stair training, transfers training			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			
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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04.			Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 04. Supervision or touching 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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Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
OT Careplans OT WK1: 1 (02/17/26-02/21/26) ,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) PROBLEMS IDENTIFIED ON ASSESSMENT: , Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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 in the home. , therapeutic exercises, transfers training, assist with bathing, 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, * 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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: Walk better GOALS Toilet Transfer - 06. Independent 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 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 - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance 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	02/16/2026