Home Health Certification and Plan of Care

Order ID: 1150/16334

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5YT0F38UT07	02/16/2026	From: 02/16/2026 To: 04/16/2026	22467	217058

6. Patient's Name and Address

Denise Hawkins
1190 W NORTHERN PARKWAY APT 918,
BALTIMORE, MD 21210-
443-642-9465

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 01/11/1959 | **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
I50.43	Acute on chronic combined systolic and diastolic hrt fail	02/16/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/16/26
N18.30	Chronic kidney disease stage 3 unspecified	02/16/26
D63.1	Anemia in chronic kidney disease	02/16/26
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	02/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/16/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/16/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/16/26
J43.2	Centrilobular emphysema	02/16/26
F32.A	Depression unspecified	02/16/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	02/16/26
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	02/16/26
E78.5	Hyperlipidemia unspecified	02/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/16/26
M51.16	Intervertebral disc disorders w radiculopathy lumbar region	02/16/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/16/26
G47.00	Insomnia unspecified	02/16/26
M41.9	Scoliosis unspecified	02/16/26
I25.2	Old myocardial infarction	02/16/26
Z79.4	Long term (current) use of insulin	02/16/26
Z79.01	Long term (current) use of anticoagulants	02/16/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/16/26
Z95.1	Presence of aortocoronary bypass graft	02/16/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	02/16/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/16/26
Z89.422	Acquired absence of other left toe(s)	02/16/26
Z89.431	Acquired absence of right foot	02/16/26

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

Lyrica - Pregabalin 300 mg 300 mg by mouth twice a day
70/30 Insulin - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 0 5 units subcutaneously at bedtime
Accuneb - Albuterol Sulfate 0 0 90 mcg / actuation inhalant as necessary Inhale 2 puffs every four (4) hours as needed for wheezing or shortness of breath
Eliquis - Apixaban 5 mg / tablet by mouth twice a day
Carvedilol - Carvedilol 12.5 mg / tablet by mouth twice a day
Clopidogrel - Clopidogrel 75 mg / tablet by mouth once a day
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1250 mcg (50000 unit) / capsule by mouth once a week
Esomeprazole Magnesium - Esomeprazole Magnesium 40 mg / capsule by mouth once a day
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 100mcg/25mcg inhalant once a day 1 puff
Jardiance - Empagliflozin 10 mg / tablet by mouth in the morning take 1 tablet daily
Levocetirizine Dihydrochloride - Levocetirizine Dihydrochloride 5 mg / tablet by mouth once a day Take 1 tablet in the evening
Crestor - Rosuvastatin Calcium 40 mg / tablet by mouth in the evening
Demadex - Torsemide 20 mg by mouth once a day Take 2 tablets Daily

14. DME and Supplies:
diabetic supplies, bath bench

15. Safety Measures:
transfer with assist, , , , diabetic precautions, , bathroom safety,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
sacubitril-valsartan metformin sulf sulfasalazine sulfate salt oxycodone sacutitri

18.A. Functional Limitations
Ambulation, Amputation

18.B. Activities Permitted
No Restrictions, Up As Tolerated, Electric Scooter

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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.

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
Michael Kingan
5210 Eastern Avenue
Baltimore, MD 21224
PHONE: 4438493184 FAX: 14438493182 NPI: 1861871881

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 : 02/05/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Denise Hawkins 1190 W NORTHERN PARKWAY APT 918, BALTIMORE, MD 21210- 443-642-9465	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 67-year-old female admitted to home health services following a recent hospitalization for left lower extremity deep vein thrombosis (DVT). Her past medical history is significant for chronic heart failure (CHF), chronic kidney disease (CKD), type 2 diabetes mellitus (T2DM), anemia, coronary artery disease (CAD) status post coronary artery bypass grafting (CABG), prior myocardial infarction (MI), implanted defibrillator, chronic obstructive pulmonary disease (COPD), emphysema, lumbar radiculopathy, scoliosis, and essential hypertension. She also has a history of bilateral transverse metatarsal amputations and absence of all toes. The patient resides with her son in an elevator-accessible apartment, and her daughter <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> frequently to assist with care. Upon arrival, the patient was found sitting upright in bed, alert and oriented to person, place, time, and situation. She reports bilateral lower extremity pain rated at 7/10. Lung sounds were clear to auscultation bilaterally, and bowel sounds were active in all quadrants. She reports her last bowel movement occurred yesterday. Peripheral pulses were palpable; however, capillary refill was greater than three seconds. Skin was noted to be warm and intact with no open areas observed at the time of assessment. The patient utilizes an electric scooter for mobility and is able to operate it independently within the home environment. Bed mobility is performed with supervision. She transfers from sitting to standing at a walker with contact guard assistance and demonstrates a standing tolerance of approximately 20 seconds, limited by right knee pain. She performs stand-pivot transfers to her scooter with supervision. Outside mobility skills and car transfers were not assessed during this visit. The patient reports partial nonadherence to her prescribed medication regimen, stating that she does not take all medications as ordered. Medication reconciliation was initiated, and the importance of adherence, particularly in the context of DVT, CHF, CAD, diabetes, and CKD management, was reinforced. Education was provided regarding the risks of noncompliance, including potential for recurrent thromboembolic events, heart failure exacerbation, and glycemic instability. The patient verbalized understanding, though continued reinforcement is recommended. Functional assessment reveals significant mobility limitations and high fall risk, as evidenced by a Tinetti score of 6/28. She demonstrates decreased lower extremity strength, impaired balance, and reduced standing tolerance. The patient is considered homebound due to the considerable and taxing effort required to leave the home, secondary to impaired mobility, decreased endurance, cardiopulmonary comorbidities, and high fall risk. During the visit, the patient participated in therapeutic exercises including supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps, which were tolerated without acute distress. Skilled home physical therapy is recommended to improve lower extremity strength, balance, transfer safety, standing tolerance, and overall functional mobility in order to reduce fall risk and prevent further decline. Prosthetic shoe inserts for both feet were recommended to improve stability and support during transfers and standing activities. The plan of care includes continued home health therapy services focused on strengthening, transfer training, balance retraining, fall prevention education, and reinforcement of medication adherence. Ongoing monitoring of cardiopulmonary status, pain levels, skin integrity, and functional mobility is indicated to reduce the risk of rehospitalization and promote safe independence within the home environment.
 Date of Order 02/16/2026 Orders Physician Face-to-Face Date: 02/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-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
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Kingan, Michael

SN Careplans

SN 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)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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

SN Goals

PATIENT-STATED GOAL: "I want to keep managing my medications."

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, swelling in legs/around eyes, delayed capillary refill, abnormal BS < 70/140 > mg/dL, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, balance deficit, pain radiating to arms/legs, Pain Interference with ADLs, obesity

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration

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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Home exercise program : supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension and ankle pumps. Standing hip abduction, plantarflexion, squats. , wheelchair training, equipment 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, 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, 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, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to stand longer without feeling right knee will buckle

GOALS
Chair to Bed to Chair - 06. Independent

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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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