Home Health Certification and Plan of Care

Order ID: 1150/16407

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8YM9HX4DV14	12/23/2025	From: 02/21/2026 To: 04/21/2026	20580	217058

6. Patient's Name and Address

Ethel Clark
325 Fifth Ave,
HALETHORPE, MD 21227-
410-865-9121

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 08/09/1940 | **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	12/23/25

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	12/23/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/23/25
N18.31	Chronic kidney disease stage 3a	12/23/25
D63.1	Anemia in chronic kidney disease	12/23/25
M17.11	Unilateral primary osteoarthritis right knee	12/23/25
E78.2	Mixed hyperlipidemia	12/23/25
M10.9	Gout unspecified	12/23/25
E03.9	Hypothyroidism unspecified	12/23/25
G47.00	Insomnia unspecified	12/23/25
J45.909	Unspecified asthma uncomplicated	12/23/25
K59.01	Slow transit constipation	12/23/25
F33.0	Major depressive disorder recurrent mild	12/23/25
M62.50	Muscle wasting and atrophy NEC unsp site	12/23/25
G89.4	Chronic pain syndrome	12/23/25
F41.1	Generalized anxiety disorder	12/23/25
E46.	Unspecified protein-calorie malnutrition	12/23/25
E55.9	Vitamin D deficiency unspecified	12/23/25
F51.02	Adjustment insomnia	12/23/25
E66.01	Morbid (severe) obesity due to excess calories	12/23/25
Z96.642	Presence of left artificial hip joint	12/23/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/23/25

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

Acetaminophen - Acetaminophen 325 MG Oral Tablet,take 2 tablet by mouth every 8 hours for Pain DO
Albuterol Sulfate - Albuterol Sulfate 108 F (90 Base) MCG/ACT ,2 puff inhale inhalant once a day Albuterol Sulfate HFA Inhalation Aerosol Solution 108 F (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale orally one time a day for asthma rinse mouth after use
Allopurinol - Allopurinol 100 MG Oral Tablet,take 1 tablet by mouth once a day for Gout
Escitalopram Oxalate - Escitalopram Oxalate 10 MG Oral Tablet,take 1 tablet by mouth once a day for Depression
Famotidine - Famotidine 20 MG Oral Tablet,take 1 tablet by mouth twice a day for gerd
Glipizide - Glipizide 2.5 MG Oral Tablet,take 1 tablet by mouth once a day for DM
Hydralazine And Hydrochlorthiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 MG Oral Tablet,take 1 tablet by mouth once a day for HTN Hold for sbp les than 110
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 5-325 MG Oral Tablet,take 1 tablet by mouth every 12 hours as needed for Pain
Levothyroxine Sodium - Levothyroxine Sodium 75 MCG Oral Tablet,take 1 tablet by mouth once a day a day for hypothyroidism
Lisinopril - Lisinopril 40 MG Oral Tablet,take 1 tablet by mouth once a day for HTN Hold for sbp less than 110
Loratadine - Loratadine 10 MG Tablet,take 1 tablet by mouth once a day for allergy Rhinitis
Pravastatin Sodium - Pravastatin Sodium 40 MG Oral Tablet ,take 1 tablet by mouth at bedtime for HYPERLIPIDEMIA
Sennosides - Senna 8.6 MG Oral Tablet,take 2 tablet by mouth every 12 hours as needed for bowel regimen HOLD FOR LOOSE STOOL
Lopressor - Metoprolol Tartrate 50 mg 1 tab by mouth twice a day Take 1 tab twice daily
Aspirin 81Mg - Aspirin 1 ta b by mouth twice a day Take 1 tabtwice daily for cardiac prevention method
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 00.5-2.5 (3) MG/3ML Inhalation Solution inhalant every 4 hours Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium-Albuterol) 3 ml inhale orally via nebulizer every 4 hours as needed for SOB.
1/28/2026: patient informed writer that PCP indicated to use Albuterol Inhaler puffs
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base by mouth twice a day x7 days
Albuterol Sulfate - Albuterol Sulfate 0 0108(90 Base MCG/ACT 1 application inhale inhalant every 6 hours Albuterol Sulfate HFA Aerosol Solution 108 (90 Base MCG/ACT 1 application inhale orally every 6 hours as needed for Asthma
1/28/26: patient indicated that PCP indicated to administer the Albuterol puffs for now.
Voltaren - Diclofenac Sodium 1 perc See directions topical four times a day Apply a thin layer to bilateral knees 4 times a day for mild to moderate pain reated 1-6 on numeric scale.
Novolog Penfill - Insulin Aspart Recombinant 0 0 0See notes subcutaneous before meal Novolog flexion subcutaneous solution pen injector 100 unit/ml Inject per sliding scale
If 60-200= 0 unit notify if bs is less than 60 mg
201-250= 2 units
251-300=4 units
301-350=6 units
351-400= 8 units and notify MD if bs is greater than 400

Subcutaneous before meals for DM
1/28/26: patient indicated that she is on oral diabetic medication.

14. DME and Supplies:

rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, supervision at all times, medication safety, cardiac precautions, ambulates with device, standard precautions, fall precautions, ambulates with assistance, diabetic precautions, restricted ROM, knee precautions, emergency phone # clearly displayed, bathroom safety, activity supervision

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Yelena Lipnik
900 S Caton Ave Lot J
Baltimore , MD 21229
PHONE: 4103692000 FAX: 14103692008 NPI: 1487694899

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 : 12/17/2025

27. Attending Physician's Signature and Date Signed **02/25/2026**: 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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16. Nutrition:	17. Allergies:
diabetic, Heart Healthy	codeine halothane latex oxycodone propoxyphene sulfamethizole trimethoprim
18.A. Functional Limitations	**18.B. Activities Permitted**
Bowel/Bladder Incontinence, Hearing, Endurance	Walker, Cane, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: , MOBILITY:	family/caregiver 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: The patient is being recertified for continued active treatment of a urinary tract infection and upper respiratory infection, as well as ongoing management of right knee pain following a recent cortisone injection. The orthopedic provider elected not to aspirate the fluid behind the knee at this time, and the knee remains swollen. Continued monitoring and symptom management are indicated.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/18/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/17/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat 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>
 4 - Recertification SN Notes: due to active treatment of UTI and URI as well as recent cortisone injection in her right knee for pain management<o:p></o:p> Physician: Lipnik, Yelena

SN Careplans

SN 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) ,WK9: 1 (04/12/26-04/18/26)

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, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 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; 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: coughing, dependent edema, cloudy urine, foul-smelling urine, frequent urination, painful urination, swelling of affected area, limited range of motion, limited strength, limited endurance, balance deficit, loss of appetite, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Educate prevention/risk of/for UTI: - Educate the importance of proper hygeine including wiping front to back to prevent introduction of fecal bacteria into the urethra - Educate the importance of good hydration including 8/8oz glasses of water daily - Educate use of cotton underwear and avoid tight fitting clothing. - Educate if wearing briefs to change every time they become saturated. - Educate voiding every 2-3 hours to prevent bacterial growth in the bladder - Educate to Avoid acidic foods such as: citrus fruits, coffee, chocolate, tomatos, tomato sauces and juices, mint, alcohol, carbonated beverages. - Encourage 8oz of unsweetened Cranberry juice to prevent bacterial adherence to the bladder wall. - Educate patient is most suceptible to UTI reoccurance within the first 2 weeks after treatment. , cough/deep breathing exercises: Patient was educated on how to properly use deep breathing exercises to help with her anxiety and exercise her lungs.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events,

SN Goals

PATIENT-STATED GOAL: Patient states "I want to be able to be treated at home and stay out of the hospital."

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 manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

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
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

patient is adequately supervised

Patient and caregiver recall how to prevent UTI

Patient and caregiver recall how to prevent UTI

patient/caregiver recalls

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/18/2026

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medications, treatments, and what works best to relieve pain teach relaxatio, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, * 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/CO2 alarms, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, 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, Patient and caregiver recall how to prevent UTI, Patient and caregiver recall how to prevent UTI

* 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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

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/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, sch

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

Signature of Physician:	Date
	PAGE 3 of 3
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