Home Health Certification and Plan of Care

Order ID: 1150/16442

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31559858	02/18/2026	From: 02/18/2026 To: 04/18/2026	22611	217058

6. Patient's Name and Address

Madeline Thompson
1100 PENNSYLVANIA AVE APT 402,
BALTIMORE, MD 21201-
443-709-7581

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 06/26/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	02/18/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	02/18/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/18/26
D64.9	Anemia unspecified	02/18/26
I48.91	Unspecified atrial fibrillation	02/18/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/18/26
I44.1	Atrioventricular block second degree	02/18/26
I65.29	Occlusion and stenosis of unspecified carotid artery	02/18/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/18/26
E78.00	Pure hypercholesterolemia unspecified	02/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/18/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/18/26
M48.00	Spinal stenosis site unspecified	02/18/26
Z85.3	Personal history of malignant neoplasm of breast	02/18/26
Z95.0	Presence of cardiac pacemaker	02/18/26
Z86.711	Personal history of pulmonary embolism	02/18/26
Z87.01	Personal history of pneumonia (recurrent)	02/18/26
Z89.611	Acquired absence of right leg above knee	02/18/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/18/26
Z79.82	Long term (current) use of aspirin	02/18/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/18/26
Z87.891	Personal history of nicotine dependence	02/18/26

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

Atacand - Candesartan Cilexetil 16 mg 1 tab by mouth twice a day 1 tab twice daily for high blood pressure
Alendronate Sodium - Alendronate Sodium eq 70 mg base 70 mg by mouth once a week Take 1 tab weekly on Sundays for Osteoporosis
Lipitor - Atorvastatin Calcium eq 20 mg base 20mg by mouth at bedtime Take 1 tab nightly for cholesterol
Clopidogrel - Clopidogrel 75 mg 75 mg by mouth once a day Take 1 tab daily for blood clot prevention methods
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325mg by mouth twice a day Take 1 tab daily for iron repletion
Gabapentin - Gabapentin 300 mg 300mg tab by mouth three times a day Take 1 tab three times daily for phantom nerve pains
Linagliptin - Linagliptin 5mg by mouth once a day Take 1 tab by mouth daily for diabetes
Metoprolol Succinate - Metoprolol Succinate eq 100 mg tartrate 100mg by mouth once a day Take 1 t ab daily for blood pressure control
Mirtazapine - Mirtazapine 7.5 mg 7.5mg by mouth once a day Give 1 tab (7.5mg) daily for depression
Omeprazole - Omeprazole 40 mg 40mg by mouth once a day Give 1 tab (40mg) daily for reflux
Asa 81 Mg - Aspirin 81mg by mouth once a day Take 1 tab (81mg) daily for cardiac prevention methods
Spironolactone - Spironolactone 25 mg 25mg by mouth once a day Take 1 tab (25mg) daily for fluid retention and swelling in the leg
Fluticasone - Fluticasone Furoate 100-6.2-25 MCG by mouth once a day Take 1 puff by inhalation daily for COPD
Vitamin B 12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 MCG by mouth once a day Take 1 tab (1000mg) daily for B12 repletion
Zolpidem - Zolpidem Tartrate 10 mg 10mg by mouth at bedtime Take 1 tab (10mg) at bedtime for insomnia
Tylenol - Acetaminophen 325mg tablet by mouth as necessary Take 2 tabs every 8 hours as needed for breakthrough pain.
Albuterol - Albuterol 108 (90) base mcg/act inhalant every 6 hours Take 2 puffs by inhalation every 6 hours as needed for wheezing. Inhale 2 puffs by mouth every 4-6 hours.
Hydralazine - Hydralazine Hydrochloride 50mg by mouth twice a day Take 1 tab twice daily for blood pressure control

14. DME and Supplies:

walker, 4 wheeled walker, rolling walker, hand held shower, bath bench, wheelchair, grab bars, commode, prosthesis

15. Safety Measures:

walker precautions, medication safety, diabetic precautions, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, wheelchair precautions, standard precautions, hand rails, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Amputation

18.B. Activities Permitted

Wheelchair, Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: 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: No

20. Prognosis: good

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 of Hypertensive heart disease with heart failure, 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 02/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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 : 02/10/2026

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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Clinical Condition Requiring Homecare:

The patient is a 90-year-old female with a complex cardiovascular and surgical history who presented to the emergency department with sudden-onset chest tightness and central chest pressure approximately two hours prior to arrival. She described the sensation as pressure rather than sharp pain, slightly worsened by coughing, and associated with a dry, nonproductive cough, shortness of breath, and lower extremity swelling. Due to a right above-knee amputation, she is wheelchair-bound at baseline and unable to assess any exertional component of her symptoms. Her history is significant for thrombus involving the right common iliac artery and superior mesenteric artery, as well as prior documentation of DVT/PE. She is currently on aspirin and clopidogrel but not on systemic anticoagulation. She resides in a senior living facility, is a former smoker who quit many years ago, and reports compliance with her antihypertensive medications, though she has not been taking spironolactone or furosemide. She does not use her prior prosthesis due to its weight and associated imbalance. All medications are kept at home. She is full code with a MOLST on file and declines home health aide services and therapy at this time.<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: 02/10/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Hypertensive heart disease with heart failure
 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> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Tansinda, James

SN Careplans

SN WK1: 1 (02/18/26-02/21/26) ,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)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, poor muscle tone, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, difficulty sleeping, balance deficit, daytime fatigue

PROCEDURES: incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, 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

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to get out of the house more after she builds her strength back up.

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

patient/caregiver recalls
* strategies to increase caloric intake
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/18/2026

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healthy, 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, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * 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, caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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