# Home Health Certification and Plan of Care

**Order ID: 1150/16709**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 36757774 | 02/24/2026 | From: 02/24/2026 To: 04/24/2026 | 22776 | 217058 |

**6. Patient's Name and Address**
Chanrowtee Balramsingh
304 Cantata Court Apt 205,
Reisterstown, MD 21136-
443-985-6818

**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** 05/02/1948 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 02/24/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E03.9 | Hypothyroidism unspecified | 02/24/26 |
| E78.2 | Mixed hyperlipidemia | 02/24/26 |
| F01.B0 | Vascular dementia moderate without beh/psych/mood/anx | 02/24/26 |
| K80.20 | Calculus of gallbladder w/o cholecystitis w/o obstruction | 02/24/26 |
| N28.1 | Cyst of kidney acquired | 02/24/26 |
| R73.03 | Prediabetes | 02/24/26 |
| Z79.890 | Hormone replacement therapy | 02/24/26 |
| Z91.81 | History of falling | 02/24/26 |

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

ONDANSETRON 4 mg / 1 tablet by mouth once a day as needed
Ibuprofen - Ibuprofen 800 mg / 1 tablet by mouth once a day with food or milk as needed
Prevagen 10 mg / capsule by mouth once a day as directed
Flonase Allergy Relief - Fluticasone Propionate 50 mcg / act suspension Nasal twice a day 1 spray for each nostril
Levothyroxine Sodium - Levothyroxine Sodium 25 mcg / 1 tablet by mouth once a day MONDAY TO SATURDAY, 2 TABLETS ON SUNDAY..
LEVOCETIRIZINE DIHYDROCHLORIDE 5 mg / 1 tablet by mouth once a day in the evening as needed
Rivastigmine - Rivastigmine Tartrate 9.5 mg / 24 hour / 1 patch transdermal once a day
Losartan Potassium - Losartan Potassium 50 mg / 1 tablet by mouth once a day
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg / 1 tablet by mouth once a day
Potassium Chloride Er - Potassium Chloride 20 MEQ / 1 tablet by mouth once a day take with food
Meclizine Hydrochloride - Meclizine Hydrochloride 25 mg / 1 tablet by mouth as necessary

**14. DME and Supplies:**
None of the above

**15. Safety Measures:**
None of the above

**16. Nutrition:**
2gm sodium!cardiac diet!diabetic

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
None of the above

**18.B. Activities Permitted**
No Restrictions

**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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No

**20. Prognosis:** good

**22. A Rehabilitation Potential:**
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**22.B.Discharge Plans**
family/caregiver will be responsible for managing treatment

**Homebound status:**
Due to diagnosis of Essential (primary) hypertension, 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 77-year-old female with a past medical history significant for hypertension, hypothyroidism, dyslipidemia, prediabetes, and vascular dementia, who was recently hospitalized for generalized weakness and referred for a skilled home health physical therapy evaluation due to recurrent weakness and impaired mobility. During assessment, the patient demonstrated safe ambulation within the home without the use of assistive devices, independent bed mobility and transfers, and stable vital signs. No acute musculoskeletal or neuromotor deficits were observed, and the reported weakness appears to be transient and related to the recent hospitalization rather than ongoing functional limitations. At this time, skilled home health physical therapy is not indicated. The patient was provided education on fall prevention, activity pacing, and monitoring for any recurrence of weakness, with the recommendation for re-evaluation should functional decline occur or mobility become unsafe.<o:p></o:p> Top of Form<o:p></o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/24/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 02/16/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat DX: Essential (primary) hypertension<br> 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> <br> 1 - SOC - PT 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;"> Saluja, Daljeet

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 02/24/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Daljeet Saluja
821 N Eutaw St
Baltimore, MD 21201
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024

**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 : 02/16/2026

**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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## PT Careplans

PT WK1: 1 (02/24/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 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: 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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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 medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

## PT Goals

PATIENT-STATED GOAL: stay at home

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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 medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:

Date



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

Date
02/24/2026