Home Health Certification and Plan of Care

Order ID: 1150/16405

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36699800	11/19/2025	From: 01/18/2026 To: 03/18/2026	19423	217058

6. Patient's Name and Address

Carol Singer
3205 Woodhome Avenue,
PARKVILLE, MD 21234-
410-733-2027

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 03/07/1944 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	11/19/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/19/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/19/25
N18.9	Chronic kidney disease u	11/19/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/19/25
G93.41	Metabolic encephalopathy	11/19/25
I48.20	Chronic atrial fibrillation unspecified	11/19/25
E83.42	Hypomagnesemia	11/19/25
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	11/19/25
D50.9	Iron deficiency anemia unspecified	11/19/25
E03.9	Hypothyroidism unspecified	11/19/25
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm	11/19/25
E06.0	Acute thyroiditis	11/19/25
E87.6	Hypokalemia	11/19/25
F41.9	Anxiety disorder unspecified	11/19/25
M19.90	Unspecified osteoarthritis unspecified site	11/19/25
E55.9	Vitamin D deficiency unspecified	11/19/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/19/25
K52.9	Noninfective gastroenteritis and colitis unspecified	11/19/25
R91.8	Other nonspecific abnormal finding of lung field	11/19/25
Z79.82	Long term (current) use of aspirin	11/19/25
Z79.01	Long term (current) use of anticoagulants	11/19/25
Z95.2	Presence of prosthetic heart valve	11/19/25
Z87.440	Personal history of urinary (tract) infections	11/19/25

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

Sertraline - Sertraline Hydrochloride 25 mg, take 1 tablet by mouth once a day ANTI-DEPRESSANT
Pravastatin - Pravastatin Sodium 20 MG tablet, Take 1 tablet by mouth once a day HLD
Melatonin - Melatonin 3 mg tablet,Take 1 tablet by mouth at bedtime SLEEP AIDE
Acetaminophen - Acetaminophen 500 MG tablet; 2 TABS by mouth as necessary FOR PAIN
Loperamide Hydrochloride - Loperamide Hydrochloride 2 mg 2MG; 1 TAB by mouth as necessary TAKE AS DIRECTED FOR LOOSE STOOLS
Levothroxine - Levothyroxine Sodium 88 mcg; 1tab by mouth in the morning synthyroid
Magnesium Oxide - Simethicone 400 MG tablet, Take 1 tablet by mouth once a day SUPPLEMENT
Aspirin 81Mg - Aspirin 81 mg, take 1 tablet by mouth once a day CAD
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 200 mg , chewable tablet by mouth three times a day AS NEEDED FOR INDIGESTION
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day SUPPLEMENT
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 units, take 1 capsule by mouth once a day SUPPLEMENT
Warfarin - Warfarin Sodium 2.5 mg, take 1 tablet by mouth once a day Take 2 tablets on Monday and Friday, and take 1 tablet on the other days.
Florinef - Fludrocortisone Acetate 0.1 mg Take 1 tablet by mouth once a day for orthostatic hypotension. Hold for SBP <100 AND DBP < 50.
Humalog - Insulin Lispro Recombinant 100 units/ml 100units/ml; 3 unit subcutaneous before meal Add the standard 3 units to the sliding scale. 75 -200 = 0, 201 - 250 =2, 251- 300 = 4, 301 - 350 =6, 351 - 400 =8. FS <70>400, call MD.
Midodrine Hydrochloride - Midodrine Hydrochloride 10 MG tablet, Take 1 tablet by mouth three times a day HYPOTENSION. Hold for SBP above 110 and pulse above 60.
Remeron - Mirtazapine 7.5mg, take 1 tablet by mouth at bedtime depression/increase appetite.
Protonix - Pantoprazole Sodium eq 40 mg base take 1 tablet by mouth twice a day indigestion/heart burn
Tresiba Flex Touch Inject 6 units subcutaneous at bedtime T2DM

14. DME and Supplies:

hospital bed, bath bench, commode, walker

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions

16. Nutrition:

diabetic

17. Allergies:

zofran amiodarone

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions,

19. Mental & Pyschosocial Status: COGNITION: 2. Accurate within 5 days, ANXIETY: , SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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: 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 Orthostatic hypotension, 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 01/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shalini Kamal
9512 HARFORD RD
PARKVILLE, MD 21234
PHONE: 4108820600 FAX: 14108822133 NPI: 1316906985

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 : 11/14/2025

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 an 81-year-old female who was recently hospitalized for a urinary tract infection and sepsis, with a history of altered mental status, orthostatic hypotension, hypertension, type 2 diabetes, and metabolic encephalopathy. She previously lived with her spouse in a two-story home with multiple steps and was independent with basic self-care, functional transfers, ambulation, and IADLs. Since returning home, she reports improved strength, increased appetite, and weight gain. She ambulates independently with a rolling walker, using it when feeling weak, and requires supervision for bathing, assisted by her daughter. The patient and spouse actively manage her care, including blood pressure and blood sugar monitoring, and medication review was conducted with education provided on insulin administration, midodrine use, medication compliance, and continuous use of an abdominal belt for orthostatic hypotension. Her INR was 2.0 on 1/7/26, and blood pressure was 97/57 with midodrine administered. She performs therapeutic exercises, including SLRs, LE abduction/adduction, long arcs, marching, mini squats, and heel raises (102), with education on fall prevention and energy conservation; the spouse will assist with home exercises. Skilled OT evaluation was completed, and no additional OT services are recommended at this time.
 Date of Order<o:p></o:p> 01/15/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 11/14/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Orthostatic Hypotension
 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 Orthostatic hypotension<o:p></o:p> Physician: Kamal, Shalini

SN Careplans

SN WK1: 1 (01/18/26-01/24/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1600 - UTI, muscle weakness, B0200 - Hearing Deficit, loss of appetite

PROCEDURES: Medication Review- : Mediations reviewed with patient/caregiver. , glucose testing via monitor: PT/CG TO CHECK BLOOD GLUCOSE LEVELS AC/HS AND RECORD DAILY

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 medication(s) purpose, schedule, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, 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, schedule remedies, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

GOALS
patient/caregiver recalls
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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 medication(s) purpose, schedule

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

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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, schedule remedies

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026

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patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle changes to manage hypotension including diet changes
* proper posture
* body position changes
* wearing of compression stockings
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb)

PROCEDURES: Medication Review: The medication was reviewed with the patient and the family, Home exercises: SLR, LONG ARC , MARCHING AND HEEL RAISES 10X2 REPS , 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, Sit to Stand - 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, 1 - Step (curb) - 06. Independent, 4 Steps - 04. Supervision or touching assistance, Sit to Stand - 06. Independent, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent

PT Goals

PATIENT-STATED GOAL: The patient's family wants the patient to get stronger and walk better

GOALS
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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Sit to Stand - 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

1 - Step (curb) - 06. Independent

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0170M1 - 1 - Step (curb), GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver. , equipment training, work simplification/energy conservation, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Oral Hygiene - 06. Independent, Toilet Transfer - 06. Independent, Lower Body Dressing - 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, Toileting Hygiene - 06. Independent, Walk 150 Feet - 04. Supervision or touching assistance, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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 - 02. Substantial/maximal assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Navigate stairs so I can go to the bedroom

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

Eating - 06. Independent

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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