

Home Health Certification and Plan of Care				Order ID: 1150/16703	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00003676		12/30/2025		From: 02/28/2026 To: 04/28/2026	
				4. Medical Record No.	
				20858	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Sadie Gooch			HomeCentris Healthcare LLC		
3423 Elmora Avenue,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21213-			Owings Mills, MD 21117-8284		
410-276-4245			410-321-8448		
			1487113239		
8. DOB			9. Sex		
12/07/1945			Female		
11. ICD		Principal Diagnosis		Date	
G20.A1		Parkinson's dis w/o dyskinesia w/o mention of fluctuations		12/30/25	
13. ICD		Other Pertinent Diagnoses		Date	
F02.80		Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx		12/30/25	
I11.0		Hypertensive heart disease with heart failure		12/30/25	
I50.33		Acute on chronic diastolic (congestive) heart failure		12/30/25	
E11.9		Type 2 diabetes mellitus without complications		12/30/25	
I08.1		Rheumatic disorders of both mitral and tricuspid valves		12/30/25	
I48.91		Unspecified atrial fibrillation		12/30/25	
I27.20		Pulmonary hypertension unspecified		12/30/25	
F01.50		Vascular dementia unsp severity without beh/psych/mood/anx		12/30/25	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		12/30/25	
E03.9		Hypothyroidism unspecified		12/30/25	
F31.9		Bipolar disorder unspecified		12/30/25	
M81.0		Age-related osteoporosis w/o current pathological fracture		12/30/25	
H40.9		Unspecified glaucoma		12/30/25	
Z95.0		Presence of cardiac pacemaker		12/30/25	
Z79.4		Long term (current) use of insulin		12/30/25	
Z79.01		Long term (current) use of anticoagulants		12/30/25	
Z91.81		History of falling		12/30/25	
Z87.440		Personal history of urinary (tract) infections		12/30/25	
14. DME and Supplies:			15. Safety Measures:		
cane			supervision at all times, diabetic precautions, , ambulates with device, activity supervision, ambulates with assistance		
16. Nutrition:			17. Allergies:		
diabetic, low sodium			lithium analogues		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance			Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 2. Accurate within 5 days, ANXIETY: , 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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Parkinson'S Dis W/O Dyskinesia W/O Mention Of Fluctuations , 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:			<div>The patient is an 80-year-old female who was discharged home on 12/25 following hospitalization for a syncopal event at home and was subsequently diagnosed with acute heart failure in the setting of severe mitral regurgitation, severe tricuspid regurgitation, and pulmonary hypertension. Her past medical history is significant for atrial fibrillation managed with a direct oral anticoagulant, poorly controlled diabetes mellitus with a most recent hemoglobin A1c of 11%, and a permanent pacemaker placed several years ago for bradycardia. The patient resides independently in a row home and receives intermittent assistance from her adult children; assisted living facility placement was discussed as part of the hospital discharge planning. The home environment includes stairs to access the second floor where the bedroom and bathroom are located, with a stair lift in place to facilitate safe access. Durable medical equipment available in the home includes a rollator walker, elevated toilet seat, and bath chair; however, the patient ambulates with the rollator inconsistently and frequently forgets to use it, placing her at increased risk for falls. During <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrated appropriate understanding and technique for self-monitoring of blood glucose, consistent with her diagnosis of diabetes mellitus. No pets are present in the home. A neighbor was present during the admission visit and provided support during the process. The patient's current condition places her at risk due to cardiac disease, anticoagulation use, poorly controlled diabetes, and inconsistent use of assistive devices. Education was provided regarding the importance of consistent rollator use for fall prevention, adherence to diabetic monitoring, and awareness of cardiac symptoms that require prompt medical		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 02/27/2026					
24. Physician's Name and Address			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.		
Elena Ghiaur			F2F date : 12/16/2025		
301 St. Paul Place					
Baltimore, MD 21202					
PHONE: 410-332-9359 FAX: 14109628393 NPI: 1942227871					
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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attention. The plan of care focuses on continued monitoring of cardiac status and symptoms of heart failure, reinforcement of medication and disease management education, promotion of safe ambulation and fall prevention strategies, and coordination with family and community resources to support the potential transition to a higher level of care if needed.

Date of Order: 02/27/2026

Orders: Physician Face-to-Face Date: 12/16/2025

Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA MSW due to Parkinson'S Dis W/O Dyskinesia W/O Mention Of Fluctuations

Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

4 - Recertification Notes: Patient is being recertified due to Dementia requiring assistance with medication management for compliance makes it a taxing effort to leave home

Physician: Ghiaur, Elena

SN Careplans SN 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, blood sugar < 60 > 300 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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: M1745 - Behavioral Issues, Home Safety, lightheadedness, abnormal blood pressure, weak hand grips, constipation PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * 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), * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately	SN Goals PATIENT-STATED GOAL: stay out of the hospital;get her medications right GOALS caregiver administers and/or packages medications appropriately patient's living environment is clean/uncluttered 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 * 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 take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule 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 self-administers medications as prescribed * 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)
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/27/2026