Home Health Certification and Plan of Care

Order ID: 1150/16061

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32065764	02/05/2026	From: 02/05/2026 To: 04/05/2026	21857	217058

6. Patient's Name and Address
Lillie Singleton
1050 East 33rd St Apt 122,
BALTIMORE, MD 21218-
410-261-5076

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 02/26/1930 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	02/05/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	02/05/26
E11.9	Type 2 diabetes mellitus without complications	02/05/26
I48.0	Paroxysmal atrial fibrillation	02/05/26
I27.20	Pulmonary hypertension unspecified	02/05/26
E78.49	Other hyperlipidemia	02/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/05/26
M19.90	Unspecified osteoarthritis unspecified site	02/05/26
M10.09	Idiopathic gout multiple sites	02/05/26

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

Amiodarone - Amiodarone Hydrochloride 0 0100 mg / 1 tablet by mouth once a day related to PAROXYSMAL ATRIAL FIBRILLATION (I48.0)
Diclofenac Sodium External Gel 1% (Diclofenac Sodium (Topical)) 0
Diclofenac Sodium External Gel 1% topical four times a day Apply to knee topically for pain
Atorvastatin - Atorvastatin Calcium 0 010 mg / 1 tablet by mouth once a day for cholesterol
Amlodipine - Amlodipine Besylate 0 05 mg / 1 tablet by mouth once a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10)
Metoprolol Tartrate - Metoprolol Tartrate 0 25 mg/ 1 tablet by mouth twice a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10)
Omeprazole - Omeprazole 0 40 mg / 1 capsule by mouth once a day related to GASTRO- ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.9)
Tylenol Es 500 Mg - Acetaminophen 0 500 mg / 1 tablet by mouth three times a day Give 1000 mg for arthritis pain for 5 days, do not exceed daily dosing greater than 3g
Allopurinol - Allopurinol 100 mg 100 mg 100 mg 1 tablet by mouth once a day for Gout prophylaxis
Melatonin - Melatonin 0 3 mg / 1 tablet by mouth at bedtime for Sleep-aide
Tizanidine Hydrochloride - Tizanidine Hydrochloride 0 4 mg / 1 tablet by mouth twice a day for Chronic pain for 5 Days

14. DME and Supplies:
rolling walker, hand held shower, commode, cane, bath bench

15. Safety Measures:
walker precautions, transfer with assist, , , bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
low sodium

17. Allergies:
blueberries crab strawberry

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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: 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.

Clinical Condition Requiring Homecare:
The patient is a 95-year-old female admitted to home health services following a recent hospitalization on December 19, 2025, for congestive heart failure (CHF) exacerbation, followed by a skilled nursing facility stay, with discharge home on January 27, 2026. Her past medical history is significant for hypertension, type 2 diabetes mellitus with recent hypoglycemic episode, atrial fibrillation, pulmonary hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), bilateral knee osteoarthritis, and gout. The recent hospitalization was precipitated in part by hypoglycemia associated with severe dizziness. She now requires skilled nursing for medication review and education, as well as physical and occupational therapy evaluation and intervention for mobility and activities of daily living (ADL) rehabilitation. At the time of assessment, the patient was alert and oriented to person, place, time, and situation. She reports pain in the lower back, bilateral knees, and both feet, rated at 7-8/10. Respiratory examination revealed lungs clear to auscultation bilaterally. Bowel sounds were present in all quadrants, and she reported a bowel movement earlier in the day. Skin was warm and intact, though with poor turgor, and peripheral pulses were palpable throughout. Functionally, the patient requires assistance for transfers out of bed. She is able to bear weight but is unable to stand independently or ambulate without assistance at this time. She ambulates approximately 12 feet on indoor surfaces using a rollator walker with close supervision and demonstrates decreased step length. Sit-to-stand transfers from the bed or bedside commode require supervision. Bed mobility is performed with supervision, occasionally utilizing a stool for assistance. The therapist did not assess stair negotiation, outdoor ambulation, or car transfers during this visit. The patient requires standby assistance with ADLs, including washing her back, and has not resumed showering due to fear and difficulty transferring safely from the rollator to the shower chair. Objective balance assessment using the Tinetti Performance-Oriented Mobility Assessment yielded a score of 6/28, indicating high fall risk. The patient is considered homebound due to the significant effort required to leave the home, need for assistive device use, impaired balance, and high fall risk. During the therapy session, the patient tolerated five repetitions each of supine hip flexion, bridging, hooklying trunk rotations, straight leg raises, hip abduction, knee extension, and ankle pumps. Skilled physical therapy is medically necessary to address lower extremity weakness, impaired balance, decreased endurance, and gait dysfunction to reduce fall risk and improve safe functional mobility. Skilled occupational therapy is indicated to address ADL limitations, transfer safety, energy conservation strategies, and adaptive techniques to promote independence and reduce caregiver burden. Skilled nursing services are required for medication reconciliation and education, particularly in light of recent hypoglycemia and complex cardiac history including atrial fibrillation and CHF. Education has been initiated regarding medication adherence, recognition of signs and symptoms of hypoglycemia and heart failure exacerbation, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-7 CE-FMS-fall%20precautions">fall precautions</mh>, and safe transfer techniques. The plan of care includes continued skilled nursing oversight, progressive strengthening and balance training through physical therapy, ADL retraining through occupational therapy, and ongoing monitoring of cardiopulmonary status, glycemic control, pain management, and overall functional progress to reduce risk of rehospitalization and promote safe aging in place. <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nan Ni
200 E 33Rd St
Baltimore, MD 21218
PHONE: 410-261-8019 FAX: 14102618021 NPI: 1518926500

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 : 01/19/2026

27. Attending Physician's Signature and Date Signed **02/12/2026**: 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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14px;">
 Date of Order 02/05/2026 Orders Physician Face-to-Face Date: 01/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Ni, Nan

SN Careplans

SN WK1: 1 (02/05/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, weak pulses in feet, dependent edema, M1033 - Exhaustion, heartburn/indigestion, muscle weakness, limited strength, limited range of motion, limited endurance, balance deficit, pain radiating to arms/legs, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments

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 medicatio, * 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, * 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want this pain to go away and I want to move around more.

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 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/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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/05/2026

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PT WK1: 1 (02/05/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170F1 - Toilet Transfer, 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand

PROCEDURES: Home exercise program : Sitting knee extension, ankle pumps. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats , incentive spirometer, equipment training, 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 medicatio, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

PATIENT-STATED GOAL: I want to feel stronger and move around with less pain.

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 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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 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

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/05/2026