Home Health Certification and Plan of Care

Order ID: 1150/13505

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6MD7UG5TA41	10/27/2025	From: 10/27/2025 To: 12/25/2025	18413	217058

6. Patient's Name and Address
Josephine Jester
262 Cross Creek Drive,
GLEN BURNIE, MD 21061-
443-722-6556

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 06/06/1940 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	10/27/25

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	10/27/25
N18.32	Chronic kidney disease stage 3b	10/27/25
J96.21	Acute and chronic respiratory failure with hypoxia	10/27/25
I48.91	Unspecified atrial fibrillation	10/27/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/27/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/27/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/27/25
M06.9	Rheumatoid arthritis unspecified	10/27/25
F32.A	Depression unspecified	10/27/25
F41.9	Anxiety disorder unspecified	10/27/25
E55.9	Vitamin D deficiency unspecified	10/27/25
R91.1	Solitary pulmonary nodule	10/27/25
F17.200	Nicotine dependence unspecified uncomplicated	10/27/25
Z79.51	Long term (current) use of inhaled steroids	10/27/25
Z79.01	Long term (current) use of anticoagulants	10/27/25

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

Albuterol Sulfate - Albuterol Sulfate (90 Base),2 puff Inhale inhalant every 6 hours as needed for SOB rinse mouth after use
Alprazolam - Alprazolam 0.5 MG Oral Tablet by mouth twice a day for anxiety for: 14 Days
Atorvastatin Calcium - Atorvastatin Calcium 80 mg Oral tablet, take 1tablet by mouth at bedtime for HLD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG, take 1 tablet by mouth once a day avary other day for Anemla
Furosemide - Furosemide 40 MG Oral Tablet, take 1 tablet by mouth once a day for CHF
Metoprolol Succinate - Metoprolol Succinate 50 MG Oral Table, take 1 tablet by mouth once a day ER Oral Tablet Extended Release 24 Hour for HTN/Aflb Hold for SPRipon than 140 arinas
Nicotine Patch - Nicotine Patch Apply 1 patch topical once a day for Smoking sensation until 11/12/2025 23:58 and remove per schedule
Potassium Chloride Er - Potassium Chloride Take1 tablet by mouth in the morning Tablet Extended Release 10 Pr MEQ
Sonnosides Take 2 tablet by mouth at bedtime Simon Tablet AMG for bowel regimen hold for loosa stool
Zinc Oxide - Zinc Oxide Exdermal Paste 20% topically topical as necessary (Zinc Odde (Topical)) Pho Apply to Buttocks/coccyx topically every shift for Protection
Acetaminophen - Acetaminophen 325 MG Tablet ,3grams/day by mouth once a day
FLLloxetine HCl (Fluoxetine HCl) 10 MG Oral Tablet, take 3 tablet by mouth in the morning for Depression
Eliquis - Apixaban 2.5 MG Oral Tablet, take 1 tablet by mouth twice a day for Afib for 90 Days
Magnesium Hydroxide - Magnesium Hydroxide 400 MG/5ML ,Give 30 ml by mouth once a day every 24 hours as needed for constipation
Fluticasone- Umeciidinium-Vilanterol 1 puff Inhale orally by mouth once a day Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT
1 puff Inhale orally one time a day for COPD rinse mouth after use
Beano - Senna 8.6 by mouth at bedtime
Trelegy ellip in 5-25 mcg inhalant once a day Copd
Lopressor - Metoprolol Tartrate 25mg by mouth as necessary Prn if BP is uncontrolled

14. DME and Supplies:
commode, grab bars, bath bench

15. Safety Measures:
smoke detectors , , bathroom safety, avoid temperature extremes

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
augmentin clarithromycin

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance, Hearing

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
patient will be responsible for managing treatment
another facility/provider will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease, 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 an 85-year-old female with a significant past medical history of chronic kidney disease (CKD), congestive heart failure (CHF), atrial fibrillation (A-fib), chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD), rheumatoid arthritis (RA), hypertension, hyperlipidemia, and a history of right hip and left knee replacements. She recently transitioned to Comfort Manor Assisted Living Facility approximately two weeks ago following a one-month rehabilitation stay at Autumn Lake. The patient now receives 24-hour care and previously lived in a split-level home with her daughter, where she experienced one fall on the steps last year. During the assessment, the patient was alert and oriented 3, pleasant, and cooperative. She denied dizziness or chest pain but reported shortness of breath with minimal exertion. Lung sounds were clear with diminished bases. She voids without difficulty and reported her last bowel movement as occurring that morning, with normoactive bowel sounds noted. No edema was present, and skin was dry and intact. Vital signs were stable. The patient ambulates independently within the facility but demonstrates an unsteady gait, decreased endurance, lower extremity weakness, reduced balance, and limited safety awareness. She possesses a walker but rarely uses it, instead relying on physical contact with her son or caregiver during outings. The patient exhibits impaired functional mobility, decreased activity tolerance, and limitations in performing activities of daily living (ADLs) independently. She was instructed on

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Trang Pham
24A Magothy Beach Rd.
Pasadena, MD 21122
PHONE: 4102552700 FAX: 14102556303 NPI: 1083606081

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 : 10/08/2025

27. Attending Physician's Signature and Date Signed **02/04/2026**: 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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home safety, fall prevention strategies, and safe transfer techniques, including proper use of her walker, forward weight shifting, and reaching back to stabilize before sitting. Minimal assistance to standby assistance was required for safe transfers. She was advised to use her walker consistently, especially during frequent trips to the bathroom, as she tends to walk quickly and experiences exertional dyspnea. Education was reinforced regarding the importance of daily ambulation to improve circulation and prevent complications related to inactivity. A progressive walking program was initiated, recommending short walks every 1-2 hours within the home, gradually increasing duration as tolerated. The patient and her son, who will begin radiation treatments in the coming weeks, were both engaged and understanding of the plan of care. Skilled nursing will continue to support medication education and management, while physical and occupational therapy will focus on strengthening, endurance training, ADL retraining, safety awareness, and balance to improve functional independence and reduce fall risk. The interdisciplinary plan includes skilled PT at a frequency of 2w2 and 1w4, and OT 1w3 for ADL and safety training to facilitate a smooth transition and maintain safety within the assisted living environment.
 Date of Order 10/27/2025 Orders Physician Face-to-Face Date: 10/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease 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: OT Eval Notes: Physician Pham, Trang

SN Careplans

SN WK1: 2 (10/27/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25)

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: 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M2102c - Med Admin, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, constipation, nausea/vomiting, limited endurance, muscle weakness, balance deficit, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Stop going to the hospital

GOALS
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) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (10/27/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

11/03/2025

home exercise program, Notes: Theraband flex, ext, add, add, horizontal abd/ add, elbow flex/ext

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, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up

PT Goals

PATIENT-STATED GOAL: I want to be able to improve my strength and balance.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/27/2025

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assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (10/27/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, seated strengthening exercises, seated strengthening exercises, home exercise program

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: To not be short of breath

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
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