# Home Health Certification and Plan of Care

**Order ID: 1150/16985**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 14233986 | 03/08/2026 | From: 03/08/2026 To: 05/06/2026 | 23126 | 217058 |

**6. Patient's Name and Address**

Holly Wallace
9640 SUSIES WAY,
ELLICOTT CITY, MD 21042-
410-299-0071

**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** 12/08/1943 | **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 | 03/08/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I50.22 | Chronic systolic (congestive) heart failure | 03/08/26 |
| N18.30 | Chronic kidney disease stage 3 unspecified | 03/08/26 |
| I48.0 | Paroxysmal atrial fibrillation | 03/08/26 |
| I87.2 | Venous insufficiency (chronic) (peripheral) | 03/08/26 |
| M17.0 | Bilateral primary osteoarthritis of knee | 03/08/26 |
| J45.909 | Unspecified asthma uncomplicated | 03/08/26 |
| M10.9 | Gout unspecified | 03/08/26 |
| M46.1 | Sacroiliitis not elsewhere classified | 03/08/26 |
| I27.21 | Secondary pulmonary arterial hypertension | 03/08/26 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 03/08/26 |
| M99.02 | Segmental and somatic dysfunction of thoracic region | 03/08/26 |
| H40.9 | Unspecified glaucoma | 03/08/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 03/08/26 |
| F32.A | Depression unspecified | 03/08/26 |
| E66.01 | Morbid (severe) obesity due to excess calories | 03/08/26 |
| Z68.42 | Body mass index [BMI] 45.0-49.9 adult | 03/08/26 |
| Z79.01 | Long term (current) use of anticoagulants | 03/08/26 |

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

Acetaminophen - Acetaminophen 325 mg 325MG by mouth as necessary FOR
Albuterol Inhaler - Albuterol 90MCG/ACT; 1 PUFF by mouth every 4 hours AS NEEDED FOR SOB
Fosamax - Alendronate Sodium eq 70 mg base 70MG; 1 TAB by mouth once a week FOR BONE DENSITY
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500MG; 1 TAB by mouth once a day SUPPLEMENT
Asa 81 Mg - Aspirin 81MG; 1 TAB by mouth once a day PROPHYLATIC
Calcium With Vitamin D - Calcium Acetate 1 TAB by mouth once a day
Coq10 - Coenzyme Q10 100MG by mouth twice a day SUPPLEMENT
Colchicine - Colchicine 0.6MG; 2 CAPS by mouth as necessary
B 12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 2500 MCG; 1 TAB by mouth once a day SUPPLEMENT
Dabigatran Etexilate - Dabigatran Etexilate 150MG; 1 TAB by mouth twice a day
Allopurinol - Allopurinol 100 mg 100 mg by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 150 mg by mouth twice a day
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg 60 mg by mouth once a day
Enalapril - Enalapril Maleate 10MG; 1 TAB by mouth once a day BLOOD PRESSURE
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325MG; 1 TAB by mouth once a day SUPPLEMENT
Flonase - Fluticasone Propionate 0.05 mg/spray 2 SPRAYS by mouth once a day ALLERGIES
Folic Acid - Folic Acid 1 TAB by mouth once a day SUPPLEMENT
Lansoprazole - Lansoprazole 30 mg 30MG; 1 CAP by mouth once a day GERD
LATANOPROST 1 drop both eyes nightly GLAUCOMA
Metoprolol Succinate - Metoprolol Succinate 50 mg; 1 TAB by mouth once a day BLOOD PRESSURE
Travatan Z - Travoprost 0.004 perc 1 GTT both eyes at bedtime GLAUCOMA
Senna S - Senna 8.6-50MG; 1 TAB by mouth twice a day BOWEL REGIMEN
Olmesartan Medoxomil - Olmesartan Medoxomil 40 mg 40MG; 1 TAB by mouth once a day
Evista - Raloxifene Hydrochloride 60 mg 60MG; 1 TAB by mouth once a day OSTEOPOROSIS

**14. DME and Supplies:**

urinary/catheter supplies, wheelchair, walker, oxygen supplies

**15. Safety Measures:**

wheelchair precautions, standard precautions, fall precautions, O2 precautions, medication safety, transfer with assist, supervision at all times, activity supervision

**16. Nutrition:**

cardiac diet,

**17. Allergies:**

chlorhexidine gluconate citalopram etodolac germanium sotalol sulfa antibiotics

**18.A. Functional Limitations**

Ambulation, Endurance

**18.B. Activities Permitted**

Up As Tolerated, Wheelchair, Walker, Exercises Prescribed

**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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**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**

patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis 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.

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 03/08/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Felecia Waddleton Willis
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: FAX: NPI: 1366673097

**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 : 02/26/2026

**27. Attending Physician's Signature and Date Signed** **03/17/2026**: 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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|---|---|
| Holly Wallace<br>9640 SUSIES WAY,<br>ELLICOTT CITY, MD 21042-<br>410-299-0071 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

**Clinical Condition Requiring Homecare:**

The patient is an 82-year-old woman recently hospitalized for acute congestive heart failure (CHF) with hypoxia on 3 L oxygen, now referred to home health for ongoing skilled nursing support. Her past medical history includes pulmonary hypertension, systolic CHF, atrial fibrillation on Pradaxa, severe obesity, obstructive sleep apnea awaiting CPAP, venous stasis dermatitis, chronic kidney disease stage 3, gout, chronic back pain, bilateral sacroiliitis, osteoporosis, asthma, and bilateral knee osteoarthritis. She resides in a multilevel home with her daughter, who assists with all activities of daily living (ADLs), instrumental ADLs, and manages medications. The patient is alert and oriented, reports good appetite and bowel movement today, denies shortness of breath, and oxygen saturations are 95% on 1.5 L via nasal cannula. Examination revealed bilateral crackles, +1 lower extremity edema, and use of an electric wheelchair for functional mobility. She demonstrates normal upper extremity muscle strength (5/5) and is modified independent with upper and lower body dressing, bathing at the sink, and sit-to-stand, chair-to-wheelchair, and toilet transfers with a raised toilet seat. Skilled nursing interventions include medication reconciliation, education on CHF signs and symptoms, and safe oxygen use. Physical and occupational therapy evaluations were ordered, though the patient is currently functioning at her baseline and does not require further OT services at this time. Scheduled skilled nursing visits are planned at 2w2/1w4 frequency.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/08/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 02/26/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<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 -SN Notes: <o:p></o:p> OT Eval 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;"> Waddleton Willis, Felecia

## SN Careplans

SN WK1: 1 (03/08/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26)

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: 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, 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; 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: D0160 - Depression, meal preparation, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, lung sounds not clear, dependent edema, M1033 - Exhaustion, muscle weakness, limited strength, limited endurance, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, discolored patches of skin, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, coordinate/arrange for maintenance of clean/uncluttered living area

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

## SN Goals

PATIENT-STATED GOAL: I WANT TO MOVE BETTER

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
* 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
* 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 relaxation skills and diversional activities
* 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

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/08/2026 |

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healthy, related medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

## OT Careplans

OT WK1: 1 (03/08/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0130A1 - Eating

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, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

## OT Goals

PATIENT-STATED GOAL: Eval only

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 medication(s) purpose, schedule

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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
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