

Home Health Certification and Plan of Care				Order ID: 1150/17213	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00002206		03/18/2026		From: 03/18/2026 To: 05/16/2026	
				4. Medical Record No.	
				23707	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Deanna Everett 2912 W Mosher St, BALTIMORE, MD 21216- 443-251-9714			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/20/1943			Female		
11. ICD		Principal Diagnosis		Date	
I11.0		Hypertensive heart disease with heart failure		03/18/26	
13. ICD		Other Pertinent Diagnoses		Date	
I50.32		Chronic diastolic (congestive) heart failure		03/18/26	
J44.89		Other specified chronic obstructive pulmonary disease		03/18/26	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		03/18/26	
E78.49		Other hyperlipidemia		03/18/26	
Z87.440		Personal history of urinary (tract) infections		03/18/26	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 200mg by mouth once a day 200mg=1 tablet. Take 1 tablet daily Mirtazapine - Mirtazapine 30 mg 30mg=1 tablet by mouth at bedtime Take 1 tablet at bedtime Famotidine - Famotidine 40 mg 40mg=1 tablet by mouth once a day Take 1tablet daily Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg 40mg = 1 tablet by mouth once a day Take 1 tablet daily for cholesterol Furosemide - Furosemide 40 mg 40mg = 1 tablet by mouth once a day Take 1 tablet daily for fluid retention Nifedipine - Nifedipine 30 mg 30mg = 1 tablet by mouth once a day Take 1 tablet daily for HTN Potassium chloride 20meq by mouth twice a day Take 1 tablet twice daily with food Trelegy Ellipta 100-625mcg inhalant once a day Inhale 1 puff daily Albuterol Inhaler - Albuterol 18gm inhalant every 6 hours Inhale 2 puffs every 6 hours as needed for SOB Duoneb - Albuterol Sulfate: Ipratropium Bromide 25mg/3ml inhalant every 6 hours Use 1 vial via nebulizer every 6 hours as needed for SOB		
14. DME and Supplies:			15. Safety Measures:		
rolling walker, walker, nebulizer, oxygen supplies			wheelchair precautions, transfer with assist, walker precautions, smoke detectors , emergency phone # clearly displayed, ambulates with device, O2 precautions, medication safety, ambulates with assistance, standard precautions, fall precautions, activity supervision		
16. Nutrition:			17. Allergies:		
low cholesterol			lisinopril		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Bowel/Bladder Incontinence			Up As Tolerated, Wheelchair, Walker, Exercises Prescribed, Transfer bed/Chair		
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: 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		
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:					
<p class="MsoNoSpacing">The patient is an 82-year-old female with a history of COPD requiring continuous 4L oxygen, hypertension, heart failure, hyperlipidemia, UTI, and mild dementia, recently hospitalized for CHF exacerbation and UTI. She is alert and oriented 3, denies new complaints, and was noted to have elevated blood pressure due to not yet taking medications; all other vital signs are within normal limits. Lung sounds are clear with no acute respiratory distress, cardiovascular assessment reveals regular rate and rhythm without edema, and skin is intact. The patient demonstrates limited activity tolerance, ambulating approximately 30 feet indoors without an assistive device while on oxygen and managing 14 steps with a rail and supervision; transfers require supervision. She resides in a two-story home with six steps to enter and receives 24/7 support from family due to cognitive decline, with assistance needed for ADLs including grooming, bathing, and dressing, and supervision required for safety as she is no longer safe to cook independently. The patient is considered homebound due to the significant effort required to leave the home, as evidenced by a Tinetti score of 14/28. She tolerated therapeutic exercises well and would benefit from continued skilled nursing and therapy services to monitor cardiopulmonary status, reinforce medication adherence and safety education, and improve strength, functional mobility, and independence with activities of daily living.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p> <p class="MsoNoSpacing">Bottom of Form</o:p></o:p></p> <p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">03/18/2026
 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 03/09/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat DX: 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<o:p></o:p></p> <p class="MsoNoSpacing">
 1 - SOC -SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:</p><p class="MsoNoSpacing"><o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes:</p><p class="MsoNoSpacing">Physician: Saluja, Daljeet</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/18/2026					
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.		
Daljeet Saluja 821 N Eutaw St Baltimore, MD 21201 PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024			F2F date : 03/09/2026		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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SN WK1: 1 (03/18/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26) ,WK7: 1 (04/26/26-05/02/26) ,WK8: 1 (05/03/26-05/09/26)	PATIENT-STATED GOAL: Patient stated she wants to get back to herself
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	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
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	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) purpose, schedule
HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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	patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule
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	patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids
PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, Home Safety, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, heartburn/indigestion, decreased urine output, M1610 - Urinary Incontinence, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services	patient's transportation needs are met patient living environment has safe floor coverings
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, * 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) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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, patient's transportation needs are met, patient living environment has safe floor coverings, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	patient is adequately supervised meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans	PT Goals
PT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/17/26)	PATIENT-STATED GOAL: Be able to walk further and not get tired.
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	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
PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise. Sitting knee extension, ankle pumps. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training	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
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 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	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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/18/2026

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OT Careplans	OT Goals
OT WK1: 1 (03/18/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)	PATIENT-STATED GOAL: To be safe
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	GOALS Chair to Bed to Chair - 06. Independent
PROCEDURES: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, transfers training	Toilet Transfer - 06. Independent
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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	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
	Sit to Stand - 06. Independent
	Car Transfer - 06. Independent
	Walk 10 Feet - 06. Independent
	Walk 50 ft with 2 Turns - 06. Independent
	Walk 150 Feet - 06. Independent
	Walk 10 ft on Uneven Surface - 06. Independent
	1 - Step (curb) - 06. Independent
	4 Steps - 06. Independent
	12 Steps - 06. Independent
	Picking Up Object - 06. Independent
	Oral Hygiene - 06. Independent
	Toileting Hygiene - 06. Independent
	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
Optional Name/Signature of Nurse/Therapist:	Date
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