

Home Health Certification and Plan of Care				Order ID: 1150/17271	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
37139073		03/19/2026		From: 03/19/2026 To: 05/17/2026	
4. Medical Record No.		5. Provider No.			
23568		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Loretta Schell 6234 Gilston Park Rd, CATONSVILLE, MD 21228- 443-799-5468			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
08/01/1942			Female		
11. ICD		Principal Diagnosis		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		03/19/26	
13. ICD		Other Pertinent Diagnoses		Date	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		03/19/26	
N18.4		Chronic kidney disease stage 4 (severe)		03/19/26	
D63.1		Anemia in chronic kidney disease		03/19/26	
G60.9		Hereditary and idiopathic neuropathy unspecified		03/19/26	
J45.998		Other asthma		03/19/26	
F32.A		Depression unspecified		03/19/26	
E78.5		Hyperlipidemia unspecified		03/19/26	
E46.		Unspecified protein-calorie malnutrition		03/19/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		03/19/26	
K22.70		Barrett's esophagus without dysplasia		03/19/26	
M41.86		Other forms of scoliosis lumbar region		03/19/26	
G43.909		Migraine unsp not intractable without status migrainosus		03/19/26	
M19.90		Unspecified osteoarthritis unspecified site		03/19/26	
Z79.4		Long term (current) use of insulin		03/19/26	
Z79.82		Long term (current) use of aspirin		03/19/26	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, walker, wheelchair, hand held shower, diabetic supplies, cane, 4 wheeled walker			walker precautions, wheelchair precautions, , medical alert/lifeline, infectious material management, , diabetic precautions, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			metformin synthroid yellow dye		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation, Hearing, Bowel/Bladder Incontinence			Cane, Walker, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes		
20. Prognosis:			good		
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 chronic kidney disease with 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			<div>The patient is an 83-year-old female who is alert and oriented to person, place, time, and situation, with vital signs reported Requiring Homecare:as stable. She was recently hospitalized for acute kidney injury associated with nausea and vomiting and subsequently discharged to subacute rehabilitation prior to returning home. Her past medical history is significant for type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-18 CE-FMS-diabetes">diabetes</mh> mellitus, chronic kidney disease stage 3, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, Barrett's esophagus/GERD, asthma, peripheral neuropathy, depression, lumbar scoliosis, and cardiac arrhythmia. The patient resides with her husband in a single-level home; however, the home environment is noted to have significant clutter, including excessive papers around her primary seating area, posing an increased fall risk. At the time of evaluation, the patient demonstrates notable functional decline characterized by decreased bilateral lower extremity strength (MMT 3-/5) and bilateral upper extremity weakness (MMT 3+/5), impaired balance, and reduced endurance, likely exacerbated by chronic neuropathy. She requires minimal assistance for transfers and short-distance ambulation using a rollator, and contact guard assistance for sit-to-stand and toilet transfers with verbal cueing for proper limb placement. In terms of activities of daily living, the patient requires standby assistance for upper body dressing, contact guard assistance for lower body dressing while seated, and is able to bathe in the shower with assistance. Prior to recent hospitalization, the patient and her husband report fluctuating but higher levels of independence with mobility. Skilled nursing services are indicated for ongoing glucose monitoring, medication management, and continued assessment of vital signs and overall medical stability. Skilled physical therapy is medically necessary to address deficits in strength, balance, endurance, and functional mobility, with the goal of improving safety, reducing fall risk, and restoring the patient to her prior level of function. Interventions will include therapeutic exercise, gait and balance training, and transfer training. Additionally, patient and caregiver education should continue to emphasize fall prevention strategies, safe use of assistive devices, and the importance of addressing		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/19/2026					
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.		
Harshinder Sidhu 1205 York Rd Ste 11 Timonium, MD 21093 PHONE: 4102350031 FAX: 14432698566 NPI: 1982881298			F2F date : 03/03/2026		
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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environmental hazards within the home to optimize safety and functional independence.

03/19/2026

Orders

Physician Face-to-Face Date:

03/03/2026

Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-13 CE-FMS-Hypertensive">Hypertensive</mh> chronic kidney disease with 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

PT Eval Notes:

OT Eval Notes:

Physician

Sidhu, Harshinder

SN Careplans

SN WK1: 1 (03/19/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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, 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: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, M1610 - Urinary Incontinence, limited range of motion, limited endurance, muscle weakness, B0200 - Hearing Deficit, extremity burn/tingle/numb, headache, bleeding/painful gums, bruising/discoloration

PROCEDURES: MEDICATION REVIEW: Medications reviewed with caregiver and patient. , Ensure Protective footwear for feet for in the house. : Patient has peripheral neuropathy with no sensation to toes. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area: Ensure there is not clutter in front of patients chair and clear pathways by bed, bathroom.

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure

SN Goals

PATIENT-STATED GOAL: I want to be able to walk with my rollator safely

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

- * strategies to minimize fatigue and exhaustion including work simplification
- * energy conservation
- * lifestyle changes
- * diet
- * recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls

- * urinary incontinence management including bladder training
- * Kegel exercises
- * skin care
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
- * recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/19/2026

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preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, 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 WK1: 3 (03/19/26-03/21/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, transfers training TEACH PATIENT/CAREGIVER: * 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, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Medication Review			PT Goals PATIENT-STATED GOAL: To be able to walk without help GOALS 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 - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 05. Setup or clean-up assistance 1 - Step (curb) - 02. Substantial/maximal assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance Medication Review			
OT Careplans OT WK1: 1 (03/19/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) 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, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic modalities, 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 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks			OT Goals PATIENT-STATED GOAL: Patient wants to get stronger and walk better GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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 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 - 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 Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks			
Signature of Physician:			Date			
			PAGE 3 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			03/19/2026			