

Home Health Certification and Plan of Care				Order ID: 1150/16334	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
5YT0F38UT07		02/16/2026		From: 02/16/2026 To: 04/16/2026	
				4. Medical Record No.	
				22467	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Denise Hawkins				HomeCentris Healthcare LLC	
1190 W NORTHERN PARKWAY APT 918,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21210-				Owings Mills, MD 21117-8284	
443-642-9465				410-321-8448	
				1487113239	
8. DOB 01/11/1959 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Date	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		02/16/26	
13. ICD		Other Pertinent Diagnoses		Date	
I50.43		Acute on chronic combined systolic and diastolic hrt fail		02/16/26	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		02/16/26	
N18.30		Chronic kidney disease stage 3 unspecified		02/16/26	
D63.1		Anemia in chronic kidney disease		02/16/26	
E11.43		Type 2 diabetes w diabetic autonomic (poly)neuropathy		02/16/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		02/16/26	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		02/16/26	
J44.9		Chronic obstructive pulmonary disease unspecified		02/16/26	
J43.2		Centrilobular emphysema		02/16/26	
F32.A		Depression unspecified		02/16/26	
E11.319		Type 2 diabetes w unsp diabetic rtnop w/o macular edema		02/16/26	
I82.402		Acute embolism and thombos unsp deep veins of l low extrem		02/16/26	
E78.5		Hyperlipidemia unspecified		02/16/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		02/16/26	
M51.16		Intervertebral disc disorders w radiculopathy lumbar region		02/16/26	
M81.0		Age-related osteoporosis w/o current pathological fracture		02/16/26	
G47.00		Insomnia unspecified		02/16/26	
M41.9		Scoliosis unspecified		02/16/26	
I25.2		Old myocardial infarction		02/16/26	
Z79.4		Long term (current) use of insulin		02/16/26	
Z79.01		Long term (current) use of anticoagulants		02/16/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		02/16/26	
Z95.1		Presence of aortocoronary bypass graft		02/16/26	
Z95.810		Presence of automatic (implantable) cardiac defibrillator		02/16/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		02/16/26	
Z89.422		Acquired absence of other left toe(s)		02/16/26	
Z89.431		Acquired absence of right foot		02/16/26	
14. DME and Supplies:				15. Safety Measures:	
diabetic supplies, bath bench				transfer with assist, , , , diabetic precautions, , bathroom safety,	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				sacubitril-valsartan metformin sulf sulfasalazine sulfate salt oxycodone sacutitri	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Amputation				No Restrictions, Up As Tolerated, Electric Scooter	
19. Mental & Psychosocial 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: Yes					
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.				patient 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.					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 02/16/2026					
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.	
Michael Kingan				F2F date : 02/05/2026	
6701 N Charles St					
Baltimore, MD 21224					
PHONE: 4438496257 FAX: 14438493182 NPI: 1861871881					
27. Attending Physician's Signature and Date Signed 02/24/2026 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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6. Patient's Name and Address Denise Hawkins 1190 W NORTHERN PARKWAY APT 918, BALTIMORE, MD 21210- 443-642-9465			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	

Clinical Condition <div>The patient is a 67-year-old female admitted to home health services following a recent hospitalization for left lower extremity deep vein thrombosis (DVT). Her past medical history is significant for chronic heart failure (CHF), chronic kidney disease (CKD), type 2 diabetes mellitus (T2DM), anemia, coronary artery disease (CAD) status post coronary artery bypass grafting (CABG), prior myocardial infarction (MI), implanted defibrillator, chronic obstructive pulmonary disease (COPD), emphysema, lumbar radiculopathy, scoliosis, and essential hypertension. She also has a history of bilateral transverse metatarsal amputations and absence of all toes. The patient resides with her son in an elevator-accessible apartment, and her daughter <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> frequently to assist with care. Upon arrival, the patient was found sitting upright in bed, alert and oriented to person, place, time, and situation. She reports bilateral lower extremity pain rated at 7/10. Lung sounds were clear to auscultation bilaterally, and bowel sounds were active in all quadrants. She reports her last bowel movement occurred yesterday. Peripheral pulses were palpable; however, capillary refill was greater than three seconds. Skin was noted to be warm and intact with no open areas observed at the time of assessment. The patient utilizes an electric scooter for mobility and is able to operate it independently within the home environment. Bed mobility is performed with supervision. She transfers from sitting to standing at a walker with contact guard assistance and demonstrates a standing tolerance of approximately 20 seconds, limited by right knee pain. She performs stand-pivot transfers to her scooter with supervision. Outside mobility skills and car transfers were not assessed during this visit. The patient reports partial nonadherence to her prescribed medication regimen, stating that she does not take all medications as ordered. Medication reconciliation was initiated, and the importance of adherence, particularly in the context of DVT, CHF, CAD, diabetes, and CKD management, was reinforced. Education was provided regarding the risks of noncompliance, including potential for recurrent thromboembolic events, heart failure exacerbation, and glycemic instability. The patient verbalized understanding, though continued reinforcement is recommended. Functional assessment reveals significant mobility limitations and high fall risk, as evidenced by a Tinetti score of 6/28. She demonstrates decreased lower extremity strength, impaired balance, and reduced standing tolerance. The patient is considered homebound due to the considerable and taxing effort required to leave the home, secondary to impaired mobility, decreased endurance, cardiopulmonary comorbidities, and high fall risk. During the visit, the patient participated in therapeutic exercises including supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps, which were tolerated without acute distress. Skilled home physical therapy is recommended to improve lower extremity strength, balance, transfer safety, standing tolerance, and overall functional mobility in order to reduce fall risk and prevent further decline. Prosthetic shoe inserts for both feet were recommended to improve stability and support during transfers and standing activities. The plan of care includes continued home health therapy services focused on strengthening, transfer training, balance retraining, fall prevention education, and reinforcement of medication adherence. Ongoing monitoring of cardiopulmonary status, pain levels, skin integrity, and functional mobility is indicated to reduce the risk of rehospitalization and promote safe independence within the home environment.</div><div>
</div><div>Date of Order</div><div>02/16/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 02/05/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & 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</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>
</div><div>Physician</div><div>Xingan, Michael</div>

SN Careplans SN WK1: 1 (02/16/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 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: 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquapel 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	SN Goals PATIENT-STATED GOAL: "I want to keep managing my medications." 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) purpos 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/16/2026

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Advance Directive:No Advance Directive	
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, swelling in legs/around eyes, delayed capillary refill, abnormal BS < 70/140 > mg/dL, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, balance deficit, pain radiating to arms/legs, Pain Interference with ADLs, obesity	
PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration	
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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purposo, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	

PT Careplans	PT Goals
PT WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26)	PATIENT-STATED GOAL: To be able to stand longer without feeling right knee will buckle
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, 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	GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Shower/Bathe Self - 05. Setup or clean-up assistance
PROCEDURES: Home exercise program : supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension and ankle pumps. Standing hip abduction, plantarflexion, squats. , wheelchair training, equipment 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 medicatio
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 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, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 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, Upper Body Dressing - 06. Independent	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 Car Transfer - 06. Independent Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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