Home Health Certification and Plan of Care

Order ID: 1150/17509

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
95270873	01/29/2026	From: 03/30/2026 To: 05/28/2026	2656	217058

6. Patient's Name and Address

Sandra Ramrattan
5916 CROSS COUNTRY BLVD APT C,
Baltimore, MD 21215-
410-501-7669

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 10/12/1964 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	01/29/26

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	01/29/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/29/26
N18.6	End stage renal disease	01/29/26
D63.1	Anemia in chronic kidney disease	01/29/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	01/29/26
I26.99	Other pulmonary embolism without acute cor pulmonale	01/29/26
J96.01	Acute respiratory failure with hypoxia	01/29/26
E78.5	Hyperlipidemia unspecified	01/29/26
E11.3293	Type 2 diab with mild nonp rtnop without macular edema bi	01/29/26
D18.03	Hemangioma of intra-abdominal structures	01/29/26
F41.9	Anxiety disorder unspecified	01/29/26
E04.2	Nontoxic multinodular goiter	01/29/26
D35.02	Benign neoplasm of left adrenal gland	01/29/26
R91.1	Solitary pulmonary nodule	01/29/26
Z79.01	Long term (current) use of anticoagulants	01/29/26
Z79.4	Long term (current) use of insulin	01/29/26
Z99.2	Dependence on renal dialysis	01/29/26
Z86.0100	Personal history of colonic polyps	01/29/26
Z96.1	Presence of intraocular lens	01/29/26
Z86.011	Personal history of benign neoplasm of the brain	01/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/29/26
I48.91	Unspecified atrial fibrillation	01/29/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/29/26
D32.0	Benign neoplasm of cerebral meninges	01/29/26
Z87.01	Personal history of pneumonia (recurrent)	01/29/26
Z91.81	History of falling	01/29/26

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

Mirtazapine - Mirtazapine 7.5MG by mouth at bedtime Commonly known as: REMERON
Renagel - Sevelamer Hydrochloride 800MG by mouth three times a day Commonly known as: RENVELA
With meals
Extra Strength Tylenol - Acetaminophen 500mg 1tab by mouth every 6 hours as needed for mild pain
Vitamin D - Ergocalciferol 1.25 MG (50,000 UT) by mouth once a week
Eliquis - Apixaban 5MG by mouth twice a day Commonly known as: ELIQUIS
Atorvastatin - Atorvastatin Calcium 040 mg by mouth at bedtime Take 40 mg by mouth nightly. Commonly known as: LIPITOR
Carvedilol - Carvedilol 25MG by mouth twice a day Commonly known as: COREG
Gabapentin - Gabapentin 100MG by mouth twice a day Commonly known as: NEURONTIN
70/30 Insulin - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 0-7Units subcutaneous before meal Commonly known as: HumaLOG
three times a day
Oxygen - Oxygen 2.5L nasal cannula as necessary Used when SOB
Amilodipine - Amlodipine Besylate 0 5MG by mouth once a day Commonly known as: NORVASC. Do not give if systolic blood pressure is below 120
Apresazide - Hydralazine Hydrochloride: Hydrochlorothiazide 0 0 100MG by mouth twice a day Do not give if systolic blood pressure is below 110
Nph Insulin - Insulin Susp Isophane Beef 0 010 Units subcutaneous twice a day before meals. 8 units at night, 10 in morning

14. DME and Supplies:

wheelchair, walker

15. Safety Measures:

walker precautions, supervision at all times, , diabetic precautions, , , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Wheelchair, Cane, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal 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 a 61-year-old female with a past medical history significant for type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-18 CE-FMS-diabetes">diabetes</mh> mellitus, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, anxiety, chronic kidney disease stage V/end-stage renal disease, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, pulmonary embolism, and a prior left hip fracture in 2024. She was admitted to home health services following a fall at home and a recent acute care hospitalization, during which she was started on hemodialysis three times per week (Monday/Wednesday/Friday). The patient is alert and oriented 4 and denies pain at this time but reports significant weakness and fatigue following dialysis treatments. She experiences shortness of breath with exertion and uses supplemental oxygen via nasal cannula intermittently. On assessment, lung sounds are clear to auscultation, bowel sounds are active with a bowel movement reported the same day, skin is warm and intact, pulses are palpable, and no edema is noted. The patient monitors blood glucose twice daily, with

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Katz
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 800-777-7904 FAX: 14107975401 NPI: 1013954213

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 : 01/17/2026

27. Attending Physician's Signature and Date Signed : 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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a reported reading of 188 mg/dL this morning, and relies on her husband for medication management aside from insulin administration. She lives with her husband and son in a one-story home and is checked on every two hours when her husband is at work; her son is available to work from home as needed. Functionally, the patient demonstrates decreased bilateral lower-extremity strength (MMT approximately 3+/5), tight right hamstrings, impaired balance, and reduced activity tolerance, requiring contact guard assistance for transfers and short-distance ambulation with a rolling walker. She has a history of ambulating with a rolling walker since her hip fracture and uses a quad cane with supervision. Given her deficits in strength, balance, endurance, ADLs, functional mobility, and safety, she would benefit from skilled nursing, physical therapy, and occupational therapy services to improve independence, reduce fall risk, and facilitate a safe return toward her prior level of function.
 Date of Order 03/25/2026 Orders Physician Face-to-Face Date: 01/17/2026 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> heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is scheduled for dialysis today. Patient has HD MWF in the evening. Post hospitalization for influenza and hypoglycemic episodes with decreased vision and risk for falls requires supervision to prevent accidental falls making it a taxing effort to leave home. Patient has history of hypoglycemia.
 Physician Katz , Jeffrey

SN Careplans

SN WK1: 1 (03/30/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, abnormal blood pressure, coughing, abnormal BS < 70/140 > mg/dL, decreased urine output, limited endurance, limited strength, muscle weakness, poor muscle tone, balance deficit, weak hand grips

PROCEDURES: Medication Review: Medications will be reviewed at every visit., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities, monitor dialysis 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 medicatio, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts,

SN Goals

PATIENT-STATED GOAL: "I want to get my strength back."

GOALS
patient/caregiver recalls
* strategies to increase socialization
* 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 medicatio

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/25/2026

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and threats, related m, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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