Home Health Certification and Plan of Care

Order ID: 1150/17614

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5HE4X37TT86	01/24/2026	From: 03/25/2026 To: 05/23/2026	21742	217058

6. Patient's Name and Address
Shirley Sciortino
919 Rustling Oaks Drive,
MILLERSVILLE, MD 21108-
443-421-1332

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 01/12/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N17.9	Acute kidney failure unspecified	01/24/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/24/26
N18.30	Chronic kidney disease stage 3 unspecified	01/24/26
D63.1	Anemia in chronic kidney disease	01/24/26
E87.1	Hypo-osmolality and hyponatremia	01/24/26
E87.5	Hyperkalemia	01/24/26
M31.7	Microscopic polyangiitis	01/24/26
I48.91	Unspecified atrial fibrillation	01/24/26
I77.82	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	01/24/26
J84.9	Interstitial pulmonary disease unspecified	01/24/26
G58.7	Mononeuritis multiplex	01/24/26
G62.89	Other specified polyneuropathies	01/24/26
H49.20	Sixth [abducent] nerve palsy unspecified eye	01/24/26
F41.9	Anxiety disorder unspecified	01/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/24/26
R05.3	Chronic cough	01/24/26
Z79.01	Long term (current) use of anticoagulants	01/24/26
Z90.49	Acquired absence of other specified parts of digestive tract	01/24/26
Z90.710	Acquired absence of both cervix and uterus	01/24/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/24/26

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

Eliquis - Apixaban 5mg; 1 tab by mouth twice a day Indications: Atrial fibrillation
RETACRIT epoetin alfa-epbx 5,000 units injection subcutaneous once a day on Tuesday Thursday Saturday. Indications of Use: anemia in hemodialysis-dependent chronic kidney disease.
Coreg - Carvedilol 6.25 mg 6.25 mg/ 1 Tablet by mouth twice a day for heart/blood pressure
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 Unit Take 1 Tablet by mouth once a day Cholecalciferol (vitamin D3) 1,000 units is equivalent to 25 mcg
Melatonin - Melatonin 3mg; 1 tab by mouth at bedtime for sleep
Adalat Cc - Nifedipine 60 mg 60 mg/ 1 Tablet by mouth once a day Do not crush or chew.
blood pressure
Protonix - Pantoprazole Sodium eq 40 mg base eq 40 mg base1 Tablet by mouth once a day Do not crush or chew
GERD
Cytoxan - Cyclophosphamide 75MG; 1 Capsule by mouth once a day
Antineoplastic agent. Check the linked chemotherapy policy. Do not crush or chew.
Bactrim - Sulfamethoxazole: Trimethoprim 400 mg;80 mg 400-80MG; 1 TAB by mouth three times per week on Tuesday Thursday and Saturday Please give it after HD sessions
Predisone - Prednisone 10MG by mouth once a day PREDNISONE 30MG DAILY UNTIL 1/18
25MG DAILY FROM 1/19-2/1
20MG DAILY FROM 2/2-2/15
15MG DAILY FROM 2/26-3/1
10 MG DAILY FROM 3/2 ONWARDS UNTIL INSTRUCTED TO CHANGE/STOP BY RHEUMATOLOGIST OUTPATIENT
O2 - Oxygen 0 2L nasal cannula every hour 2LNC daily

14. DME and Supplies:
hospital bed, bath bench, grab bars, 4 wheeled walker, wheelchair, walker, oxygen supplies, small base cane

15. Safety Measures:
walker precautions, , remove environmental barriers, , , hand rails, , electrical safety measures, , , aspiration precautions, bathroom safety,

16. Nutrition:
high protein, fluid restriction, renal diet

17. Allergies:
codeine morphine

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute kidney failure unspecified, 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 79-year-old female recently discharged following a prolonged 31-day inpatient hospitalization for nausea, diarrhea, and confusion, during which she was diagnosed with acute renal failure requiring urgent initiation of hemodialysis, complicated by severe hyperkalemia and metabolic acidosis. Since discharge, the patient remains dialysis-dependent and receives hemodialysis three times weekly via a right subclavian dialysis catheter, which is intact without noted complications. She reports oliguria. Past medical history is significant for vasculitis with a recent flare managed with prednisone, cerebrovascular accident two years ago, chronic bronchial disease, interstitial lung disease, hypertension, peripheral neuropathy, gastroesophageal reflux disease, pseudoaneurysm status post surgical repair, three prior cerebral aneurysms, and multiple surgical procedures including cholecystectomy, hysterectomy, left total knee replacement, tonsillectomy, and aneurysm repairs. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is awake, alert, and oriented to person, place, and time. She denies pain but reports shortness of breath with minimal to moderate exertion. Lung auscultation reveals diminished breath sounds bilaterally with crackles at the lung bases. Trace bilateral lower extremity edema is noted. Appetite is fair, with the patient consuming approximately three meals daily, and her last bowel movement was reported as occurring the day prior to <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Vital signs revealed elevated blood pressure earlier in the day (144/100 mmHg) due to missed medications; following medication administration, blood pressure improved to 140/70 mmHg by the afternoon. The patient reports chronic lower extremity weakness and neuropathy, altered taste sensation (difficulty tasting salt), and decreased endurance. She utilizes a wheelchair at the dialysis center and has assistive devices available in the home but is not currently using them for ambulation. No falls were reported in the past year. Due to limited endurance related to cardiovascular and respiratory disease, the patient has significant difficulty safely leaving the home and requires prolonged recovery time after outings. The patient resides in a multi-level home and currently sleeps in a hospital bed located in the den, as she has been unable to access her second-floor bedroom for over a month. Environmental barriers include two steps through the garage to enter and exit the home and three steps to access the kitchen. The patient's spouse, Joseph, provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs), although the patient is able to complete select IADLs such as writing checks, light meal preparation (e.g., cutting vegetables), and computer use. Skilled nursing reviewed all medications with the patient and spouse, including anticoagulation therapy with Eliquis taken twice daily, and provided education regarding signs and symptoms of bleeding; both the patient and spouse verbalized understanding. Given the patient's decreased strength in bilateral upper and lower extremities,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Elliott Gorbaty
1411 Madison Park Dr
Glen Bernie, MD 21061
PHONE: 4105539571 FAX: 14105539573 NPI: 1528043049

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 : 12/20/2025

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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impaired balance, unsteady gait, difficulty with transfers and stair negotiation, reduced activity tolerance, and poor safety awareness, she is at high risk for falls and further functional decline. Physical therapy and occupational therapy evaluations have been ordered to address deficits in strength, functional mobility, transfers, ambulation safety, balance, stair management, and ADL performance. The plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> at the prescribed frequency for ongoing monitoring, medication management, and education, as well as home-based PT and OT services to promote safety, prevent rehospitalization, and support the patient's goal of maximizing independence within the home environment.
 Date of Order 03/24/2026 Orders Physician Face-to-Face Date: 12/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN for disease management: PT eval and treat OT eval and treat due to Acute Kidney Failure Unspecified 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: Patient is homebound due to gait concerns and taxing respiratory effort when walking short distance. Patient requires daily supplemental oxygen for relief of SOB when performing simple ADLs. Physician Gorbaty, Elliott

SN Careplans

SN WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/23/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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: swelling in the arms/legs, itchy/runny nose, coughing, diarrhea, constipation, decreased urine output, difficulty sleeping, balance deficit, loss of appetite, hair loss

PROCEDURES: Weekly Labs : Obtain weekly labs: CBC with Diff, Glomerular Basement Membrane Antibody, IgG, Myeloperoxidase (MPO) IgG, Serum, Renal Function Panel Fax results to Duvuru Geetha, MD, MBBS/Rheumatology -- 410-550-1033 - fax (443-997-1552 - Office) Dx: N17.9, All labs should be taken to Lab Corp for Processing: Take all labs to Lab Corp for processing., cough/deep breathing exercises, monitor dialysis schedule: Dialysis MWF

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

GOALS
meal preparation is available to patient for all meals

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

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/24/2026