Home Health Certification and Plan of Care

Order ID: 1150/17766

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
651091436	04/02/2026	From: 04/02/2026 To: 05/31/2026	24292	217058

6. Patient's Name and Address

Louise McCoy
814 AYLESBURY GARTH,
ARNOLD, MD 21012-
443-534-1220

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 07/01/1943 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J81.1	Chronic pulmonary edema	04/02/26

13. ICD	Other Pertinent Diagnoses	Date
I95.89	Other hypotension	04/02/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	04/02/26
I50.43	Acute on chronic combined systolic and diastolic hrt fail	04/02/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/02/26
N18.6	End stage renal disease	04/02/26
I48.0	Paroxysmal atrial fibrillation	04/02/26
I44.2	Atrioventricular block complete	04/02/26
I27.20	Pulmonary hypertension unspecified	04/02/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	04/02/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/02/26
E78.2	Mixed hyperlipidemia	04/02/26
D69.6	Thrombocytopenia unspecified	04/02/26
E21.1	Secondary hyperparathyroidism not elsewhere classified	04/02/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/02/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/02/26
Z99.2	Dependence on renal dialysis	04/02/26
Z79.01	Long term (current) use of anticoagulants	04/02/26
Z95.0	Presence of cardiac pacemaker	04/02/26

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

ACETAMINOPHEN 500 mg/tablet / Take 1,000 mg by mouth twice a day as needed (back pain). Commonly known as: TYLENOL
ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalation every 6 hours as needed for Wheezing. Commonly known as: VENTOLIN HFA
ALLOPURINOL 100 mg / 1 Tablet by mouth in the morning Commonly known as: ZYLOPRIM
ATORVASTATIN 40 mg / 1 Tablet by mouth nightly Commonly known as: LIPITOR
BUSPIRONE HCL 5 mg / 1 Tablet by mouth twice a day Commonly known as: BUSPAR
ELIQUIS 5 mg/tablet / Take 0.5 tablets by mouth 2 times daily
ESCITALOPRAM 5 mg / 1 Tablet by mouth once a day
LIDOCAINE Patch 4% / Place 1 patch onto the skin topical every 24 hours
MIDODRINE HYDROCHLORIDE 10 mg / 1 Tablet by mouth three times a day Pt takes twice daily on dialysis days (Mon/wed/fri) Commonly known as: PROAMATINE
MIRTAZAPINE 15 mg / 1 Tablet by mouth nightly Commonly known as: REMERON
PANTOPRAZOLE Delayed Release 40 mg / 1 Tablet by mouth 2 times daily Commonly known as: PROTONIX
RENA-VITE 1 Tablet by mouth every morning B complex supplement
Demadex - Torsemide 100 mg 2 tablets by mouth every other day For fluid
Kovanaze - Oxymetazoline Hydrochloride: Tetracaine Hydrochloride 0.05% nasal twice a day Use 2 sprays in each nostril for 3 days for nosebleed
Robaxin - Methocarbamol 750 mg take 1 tab by mouth three times a day As needed for leg cramps

14. DME and Supplies:

cane, wheelchair, grab bars, rolling walker

15. Safety Measures:

medication safety, ambulates with device, , transfer with assist, standard precautions, ambulates with assistance, walker precautions, fall precautions

16. Nutrition:

diabetic

17. Allergies:

amlodipine covide-19 mrna vaccine lisinopril sulfa antibiotics aspirin biaxin darv

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

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

Homebound status: Due to diagnosis of Chronic pulmonary edema, 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 an 82-year-old female with a significant past medical history of congestive heart failure (CHF), atrial fibrillation, asthma, gout, gastroesophageal reflux disease, and end-stage renal disease (ESRD) on hemodialysis (Monday, Wednesday, Friday). She recently presented to St. Joseph Medical Center Emergency Department with complaints of shortness of breath and was hospitalized for four days due to a CHF exacerbation, after which she was discharged home. The patient resides with her son, who serves as her primary caregiver, with additional support from other family members. She has a recently placed pacemaker and a history of hypotension, currently managed with midodrine; the physician will be contacted to clarify medication parameters. Medication reconciliation was completed, revealing that the patient is not taking insulin or other hypoglycemic agents despite daily blood glucose monitoring, and currently requires medication refills. Admission paperwork was completed and signed, and the patient is in agreement with the plan of care. At the time of assessment, the patient is alert, oriented, and in no acute distress, with no observed dyspnea. However, she reports progressive dyspnea with minimal exertion, recent weight gain, and bilateral lower extremity edema consistent with volume overload. She has difficulty tolerating ultrafiltration during dialysis due to intradialytic hypotension despite prior use of metolazone and is currently off diuretics. Functionally, the patient demonstrates significant deficits including left shoulder pain (with history of prior fracture), decreased bilateral lower extremity strength, impaired balance, unsteady gait, decreased safety awareness, and difficulty with transfers and stair negotiation. She ambulates with a walker but has experienced two falls in the past two weeks and approximately five falls over the past year, placing her at high risk for further injury. The home environment includes two steps at the entrance, and the patient sleeps in the living room, alternating between a recliner and a bed; the bathroom is located on the second floor, requiring assistance for bathing twice weekly. Skilled nursing care is indicated for medication management and disease process education related to CHF and <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-hypertension">hypertension</mh>. The patient was educated on home safety, fall prevention strategies, and risk reduction measures. Physical therapy evaluation identifies the need for skilled intervention to improve strength, balance, functional mobility, transfer safety, gait stability, and stair negotiation, with a planned frequency of 1 visit in week 1, 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> per week for 2 weeks, and 1 visit per week for 3 weeks. During the visit, the patient was instructed and demonstrated seated therapeutic exercises including hip flexion, long arc quadriceps, hip abduction, and pillow squeezes (2 sets of 15 repetitions), with a home exercise program provided and instructions to perform twice daily. Transfer training with a walker was initiated with standby assistance, focusing on proper hand and foot placement and forward weight shifting. Gait training on level surfaces was conducted with standby assistance, emphasizing safe walker use, improved step height and length, and overall safety. Tinetti and Timed Up and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharon Chung
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045

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 : 03/29/2026

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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Go (TUG) assessments were completed. The patient was instructed to ambulate with a walker at all times and to initiate a progressive walking program, beginning with short walks every 1-2 hours and gradually increasing duration as tolerated. Pain is currently well controlled with prescribed medications. The patient was educated on appropriate pain management strategies, including early medication use, monitoring for side effects such as dizziness and constipation, and the importance of taking pain medication approximately one hour prior to therapy sessions. Additional instruction was provided on the application of ice to the left shoulder for 20 minutes with appropriate skin protection and monitoring. The patient verbalized understanding of all teaching provided via teach-back method. Occupational therapy services are also indicated to address deficits in activities of daily living (ADLs), prevent further functional decline, and promote independence. Due to her high fall risk, need for assistive devices, and requirement for caregiver assistance, the patient is considered homebound. Skilled services will continue to monitor her condition closely, reinforce education, and work toward improving safety and functional independence while preventing rehospitalization.
 Date of Order 04/02/2026 Orders Physician Face-to-Face Date: 03/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Chronic pulmonary edema Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Chung, Sharon

SN Careplans

SN WK1: 1 (04/02/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26) ,WK7: 1 (05/10/26-05/16/26)

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: 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; 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:DNR DNI, A2

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, decreased urine output, muscle weakness, limited range of motion, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, 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 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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 be ableto walk without being short of breath

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

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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 8 (04/02/26-04/04/26)

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

PROCEDURES: cough/deep breathing exercises, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to L shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

PT Goals

PATIENT-STATED GOAL: I want to be able to do everything by myself

GOALS
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

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 - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/02/2026

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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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

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

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26) ,WK7: 1 (05/10/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Therapeutic exercise , Medication review , Improve functional endurance

OT Goals

PATIENT-STATED GOAL: prevent fall

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Medication review

Therapeutic exercise

Improve functional endurance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/02/2026