Home Health Certification and Plan of Care

Order ID: 1150/17763

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36768369	01/31/2026	From: 04/01/2026 To: 05/30/2026	10666	217058

6. Patient's Name and Address
Lucille Spann
8812 Stonehaven Road,
Randallstown, MD 21133-
708-790-6041

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 06/26/1924 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.10	Hyp hrt & chr kdny dis w/o hrt fail w stg 1-4/unsp chr kdny	01/31/26

13. ICD	Other Pertinent Diagnoses	Date
N18.31	Chronic kidney disease stage 3a	01/31/26
D63.1	Anemia in chronic kidney disease	01/31/26
H91.93	Unspecified hearing loss bilateral	01/31/26
I44.1	Atrioventricular block second degree	01/31/26
M54.50	Low back pain unspecified	01/31/26
G89.29	Other chronic pain	01/31/26
E78.00	Pure hypercholesterolemia unspecified	01/31/26
E55.9	Vitamin D deficiency unspecified	01/31/26
E53.8	Deficiency of other specified B group vitamins	01/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/31/26
R73.03	Prediabetes	01/31/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/31/26
Z95.0	Presence of cardiac pacemaker	01/31/26

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

Albuterol Sulfate - Albuterol Sulfate 90 mcg/actuation, Inhale 2 puffs inhalant every 4 hours
Pravastatin - Pravastatin Sodium 40 mg, take 1 tablet by mouth twice a day By oral route.
Lisinopril - Lisinopril 10 mg, Take 1 tablet by mouth twice a day By oral route.
Tylenol - Acetaminophen 650 mg 650mg tabs=1 by mouth at bedtime Take 2 tabs at bedtime as needed for pain.
Asa 81 Mg - Aspirin 81 mg 1 tab by mouth once a day Take 1 tab daily for cardiac prevention methods

14. DME and Supplies:
None of the above

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
amlodipine

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

18.B. Activities Permitted
Up As Tolerated, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: good

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

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease without heart failure, 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 Requiring Homecare: The patient continues to require skilled physical therapy due to lower extremity weakness, impaired transfers, decreased endurance, and increased fall risk. Interventions provided include therapeutic exercise, transfer training, gait training with a rollator and intermittent oxygen use, and education on activities of daily living safety. Caregiver training has been completed on safe mobility techniques, use of adaptive equipment, and pain management strategies. Skilled services remain medically necessary to improve functional mobility, enhance safety, prevent further deconditioning, and support progression toward independent and safe function within the home environment. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/16/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat DX: Hypertensive heart and chronic kidney disease without heart failure, 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<o:p></o:p>
 4 - Recertification OT Notes: due to lower extremity weakness, impaired transfers, decreased endurance, and fall risk<o:p></o:p> Physician: Fernandez, Rodolfo<o:p></o:p>

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rodolfo Fernandez
724 Maiden Choice Ln
Catonsville, MD 21228
PHONE: 410-747-6080 FAX: 14435756553 NPI: 1487661237

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 : 01/16/2026

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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PT 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 (04/26/26-04/30/26)

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: WFL

HOSPITALIZATION RISKS: 10. None of the above

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: limited endurance, muscle weakness, limited strength, balance deficit

PROCEDURES: Medication Review: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , equipment training, work simplification/energy conservation, gait training/stair training, 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 medicatio, 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, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: Be able to walk with less SOB

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Picking Up Object - 04. Supervision or touching assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching 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 medicatio

1 - Step (curb) - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/30/2026