Home Health Certification and Plan of Care

Order ID: 1150/17826

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
86247645	04/07/2026	From: 04/07/2026 To: 06/05/2026	20016	217058

6. Patient's Name and Address

Nancy Soper
1913 Church Road,
Dundalk, MD 21222-
410-284-4271

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 08/23/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N12.	Tubulo-interstitial nephritis not spcf as acute or chronic	04/07/26

13. ICD	Other Pertinent Diagnoses	Date
B96.4	Proteus (mirabilis) (morganii) causing dis classd elswhr	04/07/26
B95.2	Enterococcus as the cause of diseases classified elsewhere	04/07/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/07/26
F39.	Unspecified mood [affective] disorder	04/07/26
N20.0	Calculus of kidney	04/07/26
F32.9	Major depressive disorder single episode unspecified	04/07/26
F41.0	Panic disorder [episodic paroxysmal anxiety]	04/07/26
M85.80	Oth disrd of bone density and structure unspecified site	04/07/26
S90.31XD	Contusion of right foot subsequent encounter	04/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/07/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/07/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/07/26

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

Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5 mg-3 mg(2.5 mg base)/3 mL Neb Soln 3 mL, 3 mL X1 inhalant as necessary
Ultram - Tramadol Hydrochloride 50 mg, Take 1 tablet by mouth as necessary Take 1 tablet
by mouth 2 to 3
times a day as
needed for
moderate to
severe pain
Lyrica - Pregabalin 75 mg, Take 1 capsule by mouth at bedtime Take 1 capsule
by mouth daily
at bedtime
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day
Lopressor - Metoprolol Tartrate 50 mg, Take 1 tablet by mouth every other day
Motrin - Ibuprofen 800 mg, Take 1 tablet by mouth every 8 hours Take 1 tablet
by mouth every
8 hours as
needed for pain
. Take with food
Combivent - Albuterol Sulfate: Ipratropium Bromide 20- 100 mcg/actuation, Inhale 1 puf inhalant every 6 hours
Phenergan - Promethazine Hydrochloride 25 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet
by mouth every
6 hours as
needed for
nausea
Protonix - Pantoprazole Sodium 40 mg Oral TBEC DR Tab, Take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day as
needed for
heartburn 30 to
60 minutes
prior to meals
Zoloft - Sertraline Hydrochloride 100 mg, Take 2 tablets by mouth at bedtime depression
Ventolin Hfa - Albuterol Sulfate 90 mcg/actuation Inhl HFAA, Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs
by mouth every
4 hours as
needed for
quick relief of
asthma
symptoms or
shortness of
breath
Seroquel - Quetiapine Fumarate 400 mg, Take 1 and one-half tablets by mouth at bedtime Take 1 and
one-half tablets
by mouth daily
at bedtime

14. DME and Supplies:
rolling walker, reacher, commode

15. Safety Measures:
standard precautions, fall precautions, ambulates with device, medication safety, walker precautions, bathroom safety

16. Nutrition:
2gm sodium

17. Allergies:
oxycodone peanuts predinsone

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 03/27/2026

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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SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Tubulo-interstitial nephritis, not specified as acute or chronic, 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 69-year-old female who recently presented to the emergency department with complaints of abdominal pain, nausea, and vomiting. She was subsequently hospitalized and treated for urosepsis with a course of antibiotics. Following stabilization and discharge from the hospital, the patient has returned home and is currently receiving home health services for ongoing assessment, education, and support. At the time of this assessment, the patient reports generalized weakness but denies any current abdominal pain, nausea, or vomiting. Skin assessment reveals intact skin with no noted breakdown or areas of concern. The patient resides at home and receives daily assistance from her husband, who serves as her primary caregiver despite living separately. He <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> regularly to assist with her care and daily needs. The patient ambulates with the use of a rollator for mobility support. She reports a history of a previous fall down the stairs, which has resulted in a persistent fear of using the staircase in her home. Although a stair lift has since been installed to improve safety and accessibility, the patient prefers to remain on the main level of the home. She currently sleeps on a couch in the living room and keeps a bedside commode nearby to minimize the need for stair use and reduce fall risk. Medication management was addressed during the visit. The patient was advised to obtain and utilize a pill organizer to assist with proper medication scheduling and adherence. Education was provided regarding the importance of medication compliance to support recovery and prevent complications. Additional teaching focused on kidney stone prevention and overall urinary health. The patient was instructed to maintain adequate hydration, preferably by increasing water intake, and to reduce dietary sodium consumption. She was also advised to avoid processed foods and to maintain a balanced diet that includes sufficient calcium-rich foods as well as fruits and vegetables. The patient verbalized understanding of the education provided. The plan of care includes continued monitoring of her recovery from urosepsis, reinforcement of medication adherence, ongoing fall prevention strategies, and continued education regarding hydration, nutrition, and kidney stone prevention. Home health services will continue to monitor the patient's functional status, safety within the home environment, and overall health condition.
 Date of Order 04/07/2026 Orders Physician Face-to-Face Date: 03/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Tubulo-interstitial nephritis, not specified as acute or chronic 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 Physician Emmanuel-Allen, Laura

SN Careplans

SN WK1: 1 (04/07/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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

SN Goals

PATIENT-STATED GOAL: To be able to walk

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) 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 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/07/2026

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Assess/Instruct Pt/Cg: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, decreased urine output, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/07/2026