# Home Health Certification and Plan of Care

**Order ID: 1150/17861**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 23280284 | 04/08/2026 | From: 04/08/2026 To: 06/06/2026 | 6609 | 217058 |

**6. Patient's Name and Address**

Gwendolyn Suite
2322 W MOSHER STREET,
BALTIMORE, MD 21216-
240-706-2247

**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** 11/04/1954 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J44.1 | Chronic obstructive pulmonary disease w (acute) exacerbation | 04/08/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| J45.901 | Unspecified asthma with (acute) exacerbation | 04/08/26 |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 04/08/26 |
| I12.9 | Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny | 04/08/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 04/08/26 |
| N18.31 | Chronic kidney disease stage 3a | 04/08/26 |
| D63.1 | Anemia in chronic kidney disease | 04/08/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 04/08/26 |
| D86.0 | Sarcoidosis of lung | 04/08/26 |
| M96.1 | Postlaminectomy syndrome not elsewhere classified | 04/08/26 |
| F31.9 | Bipolar disorder unspecified | 04/08/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 04/08/26 |
| E78.5 | Hyperlipidemia unspecified | 04/08/26 |
| Z79.899 | Other long term (current) drug therapy | 04/08/26 |
| Z99.81 | Dependence on supplemental oxygen | 04/08/26 |
| Z79.4 | Long term (current) use of insulin | 04/08/26 |
| Z79.82 | Long term (current) use of aspirin | 04/08/26 |
| Z79.51 | Long term (current) use of inhaled steroids | 04/08/26 |
| Z96.651 | Presence of right artificial knee joint | 04/08/26 |
| Z95.5 | Presence of coronary angioplasty implant and graft | 04/08/26 |
| Z86.16 | Personal history of COVID-19 | 04/08/26 |
| Z87.891 | Personal history of nicotine dependence | 04/08/26 |

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

Cymbalta - Duloxetine Hydrochloride 60 mg, capsule by mouth once a day
fluticasone-salmeterol (WIXELA INHUB) 500-50 MCG/ACT, take 1 puff inhalant every 12 hours
Singulair - Montelukast Sodium eq 4 mg base/packet 10 mg, take 1 tablet by mouth at bedtime
glucose take 16g, tablet by mouth as necessary every 15 min as needed
Lantus - Insulin Glargine Recombinant 100 unit/ ml, inject 14 units subcutaneous at bedtime
Spiriva - Tiotropium Bromide Monohydrate 2 puffs by mouth once a day
Oxygen - Oxygen 2.5-3L inhalant continuous For SOB
Melatonin - Melatonin 3mg by mouth at bedtime For sleep
DOXYCYCLINE 100 MG capsule by mouth 2 times daily for 5 days Commonly known as: VIBRAMYCIN
albuterol-ipratropium 0.5-2.5 (3) mg/3mL nebulizer solution by Nebulization 3 mLs by Nebulization every 6 hours as needed for Wheezing (sob) Commonly known as: DUO-NEB
AMLODIPINE 5 MG tablet by mouth daily Commonly known as: NORVASC
ASPIRIN 81 MG chewable tablet by mouth daily
BACLOFEN 10 MG tablet by mouth 3 times daily
budesonide-formoterol 160-4.5 mcg/inh Aero inhaler by inhalation by inhalation 2 times daily Commonly known as: SYMBICORT
DULOXETINE HYDROCHLORIDE 60 mg capsule delayed release particles by mouth daily Commonly known as: CYMBALTA
EZETIMIBE 10 MG tablet by mouth daily Commonly known as: ZETIA
MONTELUKAST SODIUM 10 MG tablet by mouth nightly Commonly known as: SINGULAIR
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG capsule by mouth every evening Commonly known as: FLOMAX
TRULANCE 3 MG Tabs by mouth daily Generic drug: Plecanatide
DUONEB 3 mLs by nebulization every 6 hours as needed for Wheezing (sob).
SINGULAIR 10 MG tablet by mouth nightly.
SEROQUEL 400 MG mg by mouth 2 times daily.
SIMVASTATIN 40 mg 40 MG tablet by mouth nightly Commonly known as: ZOCOR
Famotidine - Famotidine 20 mg 20mg=1tablet by mouth once a day Take 1 tablet daily
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1mg=1tablet by mouth once a day Take 1 tablet by mouth daily
Kirsty insulin pen 100unit/ml(3ml) subcutaneous three times a day Take 3units 3 times daily with meals

**14. DME and Supplies:**

hand held shower, diabetic supplies, bath bench, walker, oxygen supplies

**15. Safety Measures:**

bleeding precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, medication safety, precautions, walker precautions, transfer with assist, standard precautions, fall precautions, diabetic precautions, ambulates with device

**16. Nutrition:**

diabetic

**17. Allergies:**

atorvastatin buprenorphine clarithromycin codeine fentanyl metformin potassiur

**18.A. Functional Limitations**

Ambulation, Bowel/Bladder Incontinence

**18.B. Activities Permitted**

Transfer bed/Chair, Up As Tolerated, Walker, Exercises Prescribed

**19. Mental & Psychosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**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

**Homebound status:** Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, 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.

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 04/08/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Naeha Quasba
7141 Security Blvd
Baltimore, MD 21244
PHONE: 410-230-7827 FAX: 1-410-230-7827 NPI: 1609119049

**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 : 03/30/2026

**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.

# Home Health Certification and Plan of Care

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| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
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| Gwendolyn Suite<br>2322 W MOSHER STREET,<br>BALTIMORE, MD 21216-<br>240-706-2247 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

Clinical Condition Requiring Homecare:

The patient is a 71-year-old female with a complex past medical history significant for asthma, type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus, coronary artery disease status post remote percutaneous coronary intervention, sarcoidosis, chronic kidney disease, chronic obstructive pulmonary disease, chronic back pain, prior cervical laminectomy, and bipolar disorder. The patient was recently hospitalized for an asthma exacerbation, acute kidney injury superimposed on chronic kidney disease, urinary retention, and hyperglycemia. She has a history of multiple recent hospitalizations and reports recent falls related to generalized weakness and fatigue. Following discharge, the patient was referred for home health services for skilled nursing assessment, monitoring, and disease management. At the time of assessment, the patient was alert and oriented. She currently uses supplemental oxygen at 2 liters via nasal cannula as needed for shortness of breath. The patient demonstrates decreased overall strength, limited endurance, and impaired mobility. She is considered at high risk for falls due to her recent fall history, generalized weakness, and reduced balance. She ambulates approximately 30 feet using a straight cane with supervision and requires close supervision when negotiating the 14 steps within the home using a handrail and cane. Bed mobility and transfers from seated surfaces, including the stair glide, are performed with supervision. The patient resides alone in a row house with six steps required to enter the home. The bedroom and bathroom are located on the second floor. The home is noted to have a cluttered environment, which further increases fall risk. A stair glide is present but currently not functioning, creating additional difficulty with stair navigation. The patient reports limited support and receives occasional assistance from a next-door neighbor. During the visit, the patient reported that she awoke to find that her urinary catheter had detached from her leg while the tubing remained inserted in the urethra. The patient appropriately arranged an urgent care appointment scheduled for 2:30 PM on the same day to address the catheter issue and ensure proper management. Medication reconciliation was completed, and the patient was instructed on the importance of medication adherence and proper management of her treatment regimen, particularly in relation to her cardiopulmonary, diabetic, and renal conditions. The patient requires close monitoring of cardiopulmonary status due to her recent exacerbation and chronic respiratory conditions. She also requires blood glucose monitoring and continued diabetic education due to recent hyperglycemia. Monitoring for renal status changes and urinary complications is also indicated given her recent acute kidney injury and urinary retention. Functional assessment findings include impaired mobility, decreased balance, and reduced endurance, with a Tinetti balance and gait assessment score of 15/28, indicating a high risk for falls. Education was provided regarding fall prevention strategies, safe use of assistive devices, energy conservation techniques, and the importance of maintaining a safe home environment. The patient is considered homebound due to significant weakness, decreased endurance, reliance on an assistive device, need for oxygen supplementation, and the considerable effort required to safely leave the home. Skilled home health services are medically necessary for ongoing cardiopulmonary assessment, oxygen therapy monitoring, diabetic education, medication management, fall prevention interventions, and monitoring for signs and symptoms of disease exacerbation. The patient would also benefit from skilled home therapy services to improve strength, balance, endurance, and functional mobility with the goal of restoring greater independence with activities of daily living and reducing fall risk. The plan of care includes regular skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> for continued assessment, patient education, safety monitoring, and coordination of care with the patient's healthcare providers. <br> Date of Order 04/08/2026 Orders Physician Face-to-Face Date: 03/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: asthma, weakness, urinary rentention due to Chronic obstructive pulmonary disease with (acute) exacerbation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: PT Eval Notes: Physician Quasba, Naeha

## SN Careplans

SN WK1: 1 (04/08/26-04/11/26) ,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) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26) ,WK8: 1 (05/24/26-05/30/26)

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: 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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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.

## SN Goals

PATIENT-STATED GOAL: Patient stated she wants to walk better without falling

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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

patient's transportation needs are met

patient has adequate floor/roof/windows

patient living environment has safe floor coverings

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 04/08/2026 |

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; 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, A1250 - Lack of Necessary Transportation, Home Safety, Home Safety, M2020 - Oral Med Management, Home Safety, Home Safety, Home Safety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M1400 - Dyspnea, swelling in legs/around eyes, M1610 - Urinary Incontinence, limited strength, limited endurance, swelling of affected area, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange access to adequate trash/sewage disposal

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient's transportation needs are met, patient has adequate floor/roof/windows, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, patient has access to adequate trash/sewage disposal, patient has access to adequate toileting facilities, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient's living environment is clean/uncluttered

patient has access to adequate trash/sewage disposal

patient has access to adequate toileting facilities

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK1: 1 (04/08/26-04/11/26) ,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) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, cough/deep breathing exercises, equipment training, gait training on uneven surfaces, 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 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, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

## PT Goals

PATIENT-STATED GOAL: To be able to get around the house 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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:

Date



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

Date
04/08/2026

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Upper Body Dressing - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

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

Shower/Bathe Self - 02. Substantial/maximal assistance

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/08/2026