Home Health Certification and Plan of Care

Order ID: 1150/17877

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42248431	04/09/2026	From: 04/09/2026 To: 06/07/2026	24557	217058

6. Patient's Name and Address
Kelleen McClure
3131 Queens Castle Ct,
STREET, MD 21154-
302-362-6543

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 07/27/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/09/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	04/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/09/26
N18.31	Chronic kidney disease stage 3a	04/09/26
D63.1	Anemia in chronic kidney disease	04/09/26
D50.9	Iron deficiency anemia unspecified	04/09/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/09/26
J96.11	Chronic respiratory failure with hypoxia	04/09/26
B37.81	Candidal esophagitis	04/09/26
I35.0	Nonrheumatic aortic (valve) stenosis	04/09/26
I65.21	Occlusion and stenosis of right carotid artery	04/09/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/09/26
E78.5	Hyperlipidemia unspecified	04/09/26
E66.01	Morbid (severe) obesity due to excess calories	04/09/26
Z68.42	Body mass index [BMI] 45.0-49.9 adult	04/09/26
Z99.81	Dependence on supplemental oxygen	04/09/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/09/26
Z85.44	Personal history of malig neoplasm of female genital organs	04/09/26
Z87.891	Personal history of nicotine dependence	04/09/26

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

PANTOPRAZOLE Delayed Release 40 mg by mouth 2 times daily Commonly known as: PROTONIX
Jardiance - Empagliflozin 25 mg/tablet / Take 12.5 mg by mouth once a day T2DM
GABAPENTIN Capsule 100 mg / Take 100-300 mg by mouth nightly as needed for Pain Commonly known as: NEURONTIN
TORSEMIDE 20 mg/tablet / Take 40 mg by mouth daily Commonly known as: DEMADEX
FLUCONAZOLE 200 mg / 1 Tablet by mouth daily for 14 days Commonly known as: DIFLUCAN
Spiriva Respimat - Tiotropium Bromide 0 Aers inhaler 2.5 MCG/ACT / Take 2 puffs inhalant 1 time daily as needed
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day
Breyna Aero inhaler 160-4.5 mcg/inh / Take 2 puffs inhalation 2 times daily Generic drug: budesonide-formoterol
albuterol-ipratropium nebulizer solution 0.5-2.5 (3) mg/3mL / Take 3 mLs nebulization every 6 hours as needed for Wheezing Commonly known as: DUO-NEB
ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalation every 6 hours as needed for Wheezing Commonly known as: VENTOLIN HFA

14. DME and Supplies:
walker, nebulizer, commode, bath bench

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

16. Nutrition:
diabetic

17. Allergies:
no known allergies

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

18.B. Activities Permitted
Up As Tolerated

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: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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 is a 69-year-old female referred to home health services following a recent hospitalization for dyspnea on exertion and fatigue. Her past medical history is significant for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus (T2DM), <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-hyperlipidemia">hyperlipidemia</mh> (HLD), chronic kidney disease stage 3A (CKD 3A), chronic renal failure, anemia, aortic stenosis, oxygen dependence, history of smoking, and vulvar cancer. The patient is currently oxygen dependent and utilizes continuous oxygen at 3 liters per minute via nasal cannula to assist with respiratory function. She manages her respiratory symptoms with prescribed inhalers, nebulizer treatments as needed, and deep-breathing exercises. During assessment, the patient denied pain and dizziness, and her skin was noted to be warm and intact. The patient resides alone in a mobile home with four steps at the entrance equipped with a railing. Prior to her recent hospitalization, the patient was largely independent with basic self-care activities, functional transfers, and functional ambulation; however, she reported experiencing easy fatigue and difficulty performing community tasks such as grocery shopping, requiring occasional assistance from friends who now visit daily to provide support. At present, the patient ambulates slowly within the home without the use of an assistive device but demonstrates decreased lower extremity strength, more pronounced on the right than the left, mild difficulty with gait sequencing, balance deficits, decreased endurance, and difficulty negotiating stairs. She also exhibits reduced standing balance, decreased standing tolerance, diminished bilateral upper extremity strength, and overall decreased activity tolerance, which currently limit her ability to safely perform self-care tasks, functional transfers, and functional ambulation at her prior level of function. Given these functional limitations and her complex medical history, the patient demonstrates good potential to benefit from skilled home health services. Skilled physical therapy is recommended to address lower extremity weakness, gait deficits, balance impairments, reduced endurance, and stair negotiation difficulties in order to improve mobility and safety within the home environment. Additionally, skilled occupational therapy services are indicated to address deficits in upper extremity strength, standing tolerance, and activity tolerance that impact the patient's ability to safely perform activities of daily living and functional tasks. The overall goal of therapy interventions is to improve functional independence, enhance safety, and assist the patient in returning to her prior level of function while continuing to monitor her cardiopulmonary status and tolerance to activity.
 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ahsan Siddiqui
2000 W Baltimore St
Baltimore, MD 21223
PHONE: FAX: NPI: 1508068115

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 : 04/02/2026

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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14px;">Date of Order 04/09/2026 Orders Physician Face-to-Face Date: 04/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: Anemia, severe COPD, chronic hypoxic respiratory failure on home oxygen, weakness, deconditioning, ambulatory dysfunction, HFpEF due to <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-7 CE-FMS-Hypertensive">Hypertensive</mh> heart and chronic kidney disease with heart failure and 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Siddiqui, Ahsan

SN Careplans

SN WK1: 1 (04/09/26-04/11/26) ,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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * 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

SN Goals

PATIENT-STATED GOAL: To be fully independent

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
* 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

PT Careplans

PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/09/2026

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PT WK1: 1 (04/09/26-04/11/26) ,WK2: 2 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication management : Review medication with pt, cough/deep breathing exercises, incentive spirometer, home exercise program: Laq, hip flexion, hip abduction, heelraises, aps hamstring curls, 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 - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, Picking Up Object - 06. Independent

PATIENT-STATED GOAL: To be independent again Be able to get out of my house and drive again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Picking Up Object - 06. Independent

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

OT Careplans

OT WK1: 6 (04/09/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review : Medication reviewed with patient with all medications in the home, therapeutic exercises: OT 1x6wks, work simplification/energy conservation, transfers training: OT 1x6wks, assist with bathing: OT 1x6wks, assist with transferring: OT 1x6wks, assist with lower body dressing: OT 1x6wks, assist with upper body dressing: OT 1x6wks

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/09/2026