

Home Health Certification and Plan of Care				Order ID: 1150/17934		
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				10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD 13.0	Principal Diagnosis Hyp hrt & chr kidney dis w hrt fail and stg 1-4/unsp chr kidney		Date 04/09/26	PANTOPRAZOLE Delayed Release 40 mg by mouth 2 times daily Commonly known as: PROTONIX		
13. ICD 150.32	Other Pertinent Diagnoses Chronic diastolic (congestive) heart failure		Date 04/09/26	Jardiance - Empagliflozin 25 mg/tablet / Take 12.5 mg by mouth once a day T2DM		
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease		Date 04/09/26	GABAPENTIN Capsule 100 mg / Take 100-300 mg by mouth nightly as needed for Pain Commonly known as: NEURONTIN		
N18.31	Chronic kidney disease stage 3a		Date 04/09/26	TORSEMIDE 20 mg/tablet / Take 40 mg by mouth daily Commonly known as: DEMADEX		
D63.1	Anemia in chronic kidney disease		Date 04/09/26	FLUCONAZOLE 200 mg / 1 Tablet by mouth daily for 14 days Commonly known as: DIFLUCAN		
D50.9	Iron deficiency anemia unspecified		Date 04/09/26	Spiriva Respimat - Tiotropium Bromide 0 Aers inhaler 2.5 MCG/ACT / Take 2 puffs inhalant 1 time daily as needed		
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy		Date 04/09/26	Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day		
J96.11	Chronic respiratory failure with hypoxia		Date 04/09/26	Breyana Aero inhaler 160-4.5 mcg/inh / Take 2 puffs inhalation 2 times daily Generic drug: budesonide-formoterol		
B37.81	Candidal esophagitis		Date 04/09/26	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		
I35.0	Nonrheumatic aortic (valve) stenosis		Date 04/09/26	ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalation every 6 hours as needed for Wheezing Commonly known as: VENTOLIN HFA		
I65.21	Occlusion and stenosis of right carotid artery		Date 04/09/26			
J44.9	Chronic obstructive pulmonary disease unspecified		Date 04/09/26			
E78.5	Hyperlipidemia unspecified		Date 04/09/26			
E66.01	Morbid (severe) obesity due to excess calories		Date 04/09/26			
Z68.42	Body mass index [BMI] 45.0-49.9 adult		Date 04/09/26			
Z99.81	Dependence on supplemental oxygen		Date 04/09/26			
Z79.84	Long term (current) use of oral hypoglycemic drugs		Date 04/09/26			
Z85.44	Personal history of malig neoplasm of female genital organs		Date 04/09/26			
Z87.891	Personal history of nicotine dependence		Date 04/09/26			
14. DME and Supplies: walker, nebulizer, commode, bath bench				15. Safety Measures: walker precautions, standard precautions, O2 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 & Psychosocial 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 patient will be responsible for managing treatment 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: <div>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.</div><div> </div><div>Date of Order</div><div>04/09/2026</div><div>Orders</div><div><div>Physician Face-to-Face Date:						
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 Stephanie Davis 3400 Box Hill Corporate Center Dr Abingdon, MD 21009 PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091				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. PAGE 1 of 3		

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		4. Medical Record No. 24557		5. Provider No. 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		
04/02/2026</div><div>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</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>Physician</div><div>Davis, Stephanie</div>					
SN Careplans			SN Goals		
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)			PATIENT-STATED GOAL: To be fully independent		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			* strategies to minimize fatigue and exhaustion including work simplification		
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/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			* energy conservation		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* lifestyle changes		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			* diet		
Provide education content at patient's level of health literacy.			* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			patient/caregiver recalls		
Assess: Musculoskeletal status.			* lifestyle modifications to manage respiratory condition including		
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			* diet changes and regular exercise		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* strategies to control shortness of breath		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* home remedies to keep lungs healthy		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			patient self-administers medications as prescribed		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			* recalls related medication(s) purpose, schedule		
; 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					
PT Careplans			PT Goals		
PT WK1: 1 (04/09/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK5: 1 (05/03/26-05/09/26) ,WK8: 1 (05/24/26-05/30/26) ,WK9: 1 (05/31/26-06/06/26)			PATIENT-STATED GOAL: To be independent again Be able to get out of my house and drive again		
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			GOALS		
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			Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition			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		
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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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			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 Goals		
OT WK1: 6 (04/09/26-04/11/26)			PATIENT-STATED GOAL: Get in the shower		
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			GOALS Shower/Bathe Self - 05. Setup or clean-up assistance		
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			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		
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			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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/09/2026