Home Health Certification and Plan of Care

Order ID: 1150/18213

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98291807	04/21/2026	From: 04/21/2026 To: 06/19/2026	25074	217058

6. Patient's Name and Address
Flor Moreno Cordero
2811 linganore ave,
PARKVILLE, MD 21234-
732-567-5754

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 08/15/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	04/21/26

13. ICD	Other Pertinent Diagnoses	Date
I77.4	Celiac artery compression syndrome	04/21/26
K55.059	Acute ischemia of intestine part and extent unspecified	04/21/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/21/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/21/26
N18.32	Chronic kidney disease stage 3b	04/21/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/21/26
E03.9	Hypothyroidism unspecified	04/21/26
E78.5	Hyperlipidemia unspecified	04/21/26
E66.9	Obesity unspecified	04/21/26
Z68.35	Body mass index [BMI] 35.0-35.9 adult	04/21/26
Z79.01	Long term (current) use of anticoagulants	04/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/21/26
Z79.4	Long term (current) use of insulin	04/21/26

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

LISINOPRIL 10 mg Oral 1X daily [Held by provider]
AMLODIPINE 5 mg Oral 1X daily HTN
LEVOTHYROXINE 100 mcg Oral 1X daily before breakfast Hypothyroidism
ELIQUIS 2.5 mg by mouth 2 times daily
ATORVASTATIN 40 mg Oral nightly Cholesterol
CLOPIDOGREL 75 mg Oral 1X daily Blood thinner
FUROSEMIDE 40 mg intravenous 1X daily [Held by provider]
GABAPENTIN 100 mg Oral nightly
Eliquis - Apixaban 5mg, 1 tablet by mouth twice a day Blood thinner
Glipizide - Glipizide 10 mg Take 1 tablet in the morning T2DM

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
standard precautions, bleeding precautions, fall precautions, diabetic precautions, walker precautions, medication safety, bathroom safety, anticoagulant precautions

16. Nutrition:
diabetic

17. Allergies:
sitaglipitin

18.A. Functional Limitations
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
SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified atrial fibrillation, 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 an 80-year-old female with a significant past medical history including congestive heart failure, atrial fibrillation (new onset), hypertension, hyperlipidemia, hypothyroidism, diabetes mellitus, chronic kidney disease, obstructive sleep apnea, intestinal ischemia, pancreatitis, and obesity. She was recently hospitalized due to lethargy, poor appetite, shortness of breath, weakness, and bradycardia, during which atrial fibrillation was diagnosed. The patient has been discharged home with a temporary cardiac monitor in place for a two-week period to evaluate heart rate and determine the potential need for pacemaker placement. She has a scheduled cardiology follow-up appointment on 04/22/2026 and a primary care appointment on 04/27/2026. The patient resides in a two-story home equipped with a stair glide and lives with her daughter and family, who provide assistance with care. She remains primarily on the main floor, which includes access to a full bathroom. Prior to hospitalization, the patient was independent with instrumental activities of daily living, ambulating within the home using furniture for support and utilizing a rollator walker for community mobility, including attending a senior center three times weekly. Currently, she ambulates with a rolling walker within the home, requiring minimal to contact guard assistance for ambulation and transfers, and demonstrates modified independence with bed mobility. Functional assessment reveals impaired balance, as evidenced by a Tinetti score of 12/28 and a Timed Up and Go (TUG) test of 46 seconds, indicating a high fall risk. She also exhibits decreased sensation in bilateral feet and reports difficulty with transfers and stair negotiation. On assessment, the patient reports bilateral lower extremity tenderness, left knee pain related to osteoarthritis, and left shoulder discomfort, which she manages with over-the-counter acetaminophen 1000 mg and topical muscle rub with reported effectiveness. Skin assessment reveals intact integument with noted bruising on the hands from recent venipuncture and on the abdomen from Lovenox injections. Vital signs are within normal limits. The patient utilizes home monitoring equipment provided by Kaiser, including a scale, blood pressure monitor, and pulse oximeter, with data electronically transmitted when used. She has been instructed to perform daily weight monitoring and to check blood pressure and heart rate twice daily. The patient also manages diabetes with daily fingerstick blood glucose monitoring, with a reported fasting blood glucose of 149 mg/dL on the day of assessment. Medication reconciliation was completed, and medications are organized in a pillbox by her daughter to support adherence. Education was provided regarding disease management, including heart failure monitoring, fall prevention, safe use of assistive devices, and the importance of adherence to medication and follow-up appointments. The patient demonstrates good family support and engagement in care. Given her current functional limitations, impaired balance, and elevated fall risk, the patient is an appropriate candidate for skilled home health services. The plan of care includes skilled physical therapy to address deficits in strength, balance, mobility, and safety with functional tasks, with the goal of improving independence and reducing fall risk. Continued monitoring of cardiac status, blood glucose, and overall condition is recommended, along with reinforcement of safety precautions and adherence to prescribed medical and therapeutic regimens.
 Date of Order 04/21/2026 Orders Physician Face-to-Face Date: 04/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat , hha-adl's due to Unspecified atrial fibrillation 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 Varkey, Mary

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mary Varkey
1447 York Rd
Lutherville, MD 21093
PHONE: 410-847-3000 FAX: 18554160890 NPI: 1922005131

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 : 04/18/2026

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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SN Careplans

SN WK1: 1 (04/21/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26)

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

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, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Interference with ADLs, balance deficit, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, * 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 walk around the house without an assistive device

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
* 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 WK1: 1 (04/21/26-04/25/26) ,WK2: 2 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26) ,WK7: 1 (05/31/26-06/06/26) ,WK8: 1 (06/07/26-06/13/26) ,WK9: 1 (06/14/26-06/19/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, 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: Medication management : Review medication with pt and caregiver,

PT Goals

PATIENT-STATED GOAL: Pt goal to improve strength get off the Walker in the house and be able to negotiate steps to feed the birds.

GOALS
Chair to Bed to Chair - 06. Independent

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

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

patient/caregiver recalls

Signature of Physician:

Date

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

Date
04/21/2026

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cough/deep breathing exercises, home exercise program: Heelraises, laq, hip flexion, hip abduction, hamstring curls, DF, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Work on wt shifting outside base of support emphasis on improving reaction time, 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 - 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, 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, Upper Body Dressing - 06. Independent

* 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

Sit to Stand - 06. Independent

Car 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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
04/21/2026