Home Health Certification and Plan of Care

Order ID: 1150/18383

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
26183792	04/30/2026	From: 04/30/2026 To: 06/28/2026	25294	217058

6. Patient's Name and Address

Charlotte Robinson
1325 GOLD MEADOW WAY APT 101,
EDGEWOOD, MD 21040-
443-372-5654

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 10/12/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	04/30/26

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	04/30/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/30/26
N18.6	End stage renal disease	04/30/26
D63.1	Anemia in chronic kidney disease	04/30/26
I48.0	Paroxysmal atrial fibrillation	04/30/26
I27.20	Pulmonary hypertension unspecified	04/30/26
E78.00	Pure hypercholesterolemia unspecified	04/30/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/30/26
G40.909	Epilepsy unsp not intractable without status epilepticus	04/30/26
I34.0	Nonrheumatic mitral (valve) insufficiency	04/30/26
K59.00	Constipation unspecified	04/30/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	04/30/26
M10.9	Gout unspecified	04/30/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/30/26
E66.9	Obesity unspecified	04/30/26
Z68.32	Body mass index [BMI] 32.0-32.9 adult	04/30/26
Z99.2	Dependence on renal dialysis	04/30/26
Z95.2	Presence of prosthetic heart valve	04/30/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/30/26
Z87.891	Personal history of nicotine dependence	04/30/26

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

Tessalon - Benzonatate 100 mg Take 1 tablet by mouth three times a day As needed for cough
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg take 1 tablet by mouth in the morning Only on dialysis days, before leaving for dialysis.
SYMBICORT 160-4.5 mcg/inh AERO inhaler / 2 puffs Inhalation RT 2 times daily
SEROQUEL 25 mg Oral AT HOUR OF SLEEP
PROTONIX 40 mg Oral 1 time daily
PEPCID 20 mg Oral every Mon, Wed & Fri
Metoprolol Tartrate - Metoprolol Tartrate 12.5 mg Oral 2 times daily
LIPITOR 40 mg Oral nightly
KEPPRA 250 mg Oral 2 times daily
clotrimazole propionate cream 1% topical once a day as needed for itching

14. DME and Supplies:

cane, grab bars, bath bench

15. Safety Measures:

standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:

renal diet

17. Allergies:

lisinopril penicillins

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: No

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
family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal 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 an 85-year-old female with a complex past medical history significant for type 2 diabetes mellitus, hyperlipidemia, paroxysmal atrial fibrillation, gastroesophageal reflux disease, seizure disorder, hypertensive heart disease, end-stage renal disease requiring hemodialysis (Monday, Wednesday, and Friday), chronic kidney disease, obstructive sleep apnea, and a history of transient ischemic attack, cerebrovascular accident, and subarachnoid hemorrhage. She was recently hospitalized following referral from the dialysis clinic due to increased fluid volume and shortness of breath and is now admitted to home health services for continued care and rehabilitation. On assessment, the patient is alert and oriented to person, place, and time. Vital signs are within normal limits, though she is maintained on midodrine for management of hypotension. She reports occasional shortness of breath with exertion and a mild cough, which is managed with benzonatate, as well as use of an inhaler and deep breathing exercises with rest periods. A mild cough was observed during the visit. Skin assessment revealed complaints of pruritus and the presence of rashes on her hands, which she is managing with clotrimazole propionate cream. The patient has a functioning arteriovenous fistula in the left arm for dialysis access. The patient resides alone in a ground-floor apartment with no steps and is considering transitioning to live with her daughter for additional support. She currently receives assistance from a private caregiver twice weekly for four hours to aid with bathing and meal preparation. Prior to hospitalization, the patient was independent with ambulation using a single-point cane, transfers, and basic activities of daily living, with some assistance required for instrumental activities. Currently, she demonstrates a decline in functional status, including impaired balance, decreased standing tolerance, reduced bilateral upper extremity strength, and decreased overall activity tolerance. She ambulates with a cane

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/30/2026

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 : 04/24/2026

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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but presents with gait abnormalities, including discontinuous step length and lack of heel strike. Objective measures indicate a high fall risk, with a Tinetti score of 11/28 and a Timed Up and Go (TUG) time of 32 seconds. She also owns a rollator walker, which she has begun using more frequently for improved safety. The patient requires increased assistance with functional mobility, transfers, and self-care tasks compared to her prior level of function. She demonstrates difficulty with transfers and ambulation and is at increased risk for falls due to impaired balance and decreased strength. Skilled nursing services included comprehensive medication reconciliation and education on medication adherence, with weekly medications organized into a pillbox in collaboration with the patient and her daughter, who participated via phone. Additional education was provided regarding personal hygiene, fall prevention strategies, and recognition of signs and symptoms of cerebrovascular events. The patient verbalized understanding of all instructions provided. Skilled physical therapy services are recommended to address deficits in balance, strength, gait, and functional mobility, with the goal of reducing fall risk and improving independence. Skilled occupational therapy services are also indicated to address decreased ability to perform activities of daily living, functional transfers, and mobility tasks, with a focus on restoring the patient to her prior level of function. The plan of care includes continued skilled nursing for ongoing assessment, chronic disease management, and patient education, along with interdisciplinary rehabilitation services to optimize safety, functional independence, and overall quality of life.
 Date of Order 04/30/2026 Orders Physician Face-to-Face Date: 04/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal 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 Davis, Stephanie

SN Careplans

SN WK1: 1 (04/30/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (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, 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:Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, balance deficit, open sores/lesions

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

SN Goals

PATIENT-STATED GOAL: To get back to my baseline

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/30/2026

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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

PT Careplans

PT WK2: 2 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26) ,WK8: 1 (06/14/26-06/20/26) ,WK9: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review.Medication with patient and caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: Knee extension hip flexion hip abduction. Heel raises toe raises, hamstring curls., dynamic standing balance exercises: Perform dynamic balance exercises to improve Reaction time, ankle hip and step strategy to reduce risk for falls, 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, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Patient's goal is to get stronger, be steadier on our feet and get around easier coming to and from dialysis.

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

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

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

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, therapeutic exercises: Skilled OT 1x5, equipment training, work simplification/energy conservation, transfers training, transfers training: Skilled OT 1x5, assist with bathing: Skilled OT 1x5, assist with lower body dressing: Skilled OT 1x5, assist with upper body dressing: Skilled OT 1x5

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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk better;Walk better

GOALS
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

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 - 05. Setup or clean-up assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:

Date

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

Date
04/30/2026

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Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans	HHA Goals
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