Home Health Certification and Plan of Care

Order ID: 1150/18373

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
81309732	04/30/2026	From: 04/30/2026 To: 06/28/2026	25307	217058

6. Patient's Name and Address

Minnie Epps
3609 Southern Avenue,
BALTIMORE, MD 21214
410-522-3244

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 05/04/1931 | **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	04/30/26

13. ICD	Other Pertinent Diagnoses	Date
I50.31	Acute diastolic (congestive) heart failure	04/30/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/30/26
N18.32	Chronic kidney disease stage 3b	04/30/26
I48.91	Unspecified atrial fibrillation	04/30/26
M19.90	Unspecified osteoarthritis unspecified site	04/30/26
K59.00	Constipation unspecified	04/30/26
Z79.4	Long term (current) use of insulin	04/30/26
Z79.82	Long term (current) use of aspirin	04/30/26
Z91.81	History of falling	04/30/26

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

dorzolamide-timolol 2-0.5% ophthalmic solution / Place 1 drop both eyes every 12 hours Commonly known as: COSOPT
LATANOPROST 0.005 0.005% ophthalmic solution / Place 1 drop both eyes nightly Commonly known as: XALATAN
LOSARTAN POTASSIUM 100 mg tablet by mouth daily Commonly known as: COZAAR
FUROSEMIDE 40 mg / 1 Tablet by mouth twice a day for 14 days Commonly known as: LASIX
ACETAMINOPHEN 650 mg / 1 Tablet by mouth as needed Nightly. Commonly known as: TYLENOL
ASPIRIN Delayed Release 81 mg / 1 Tablet by mouth daily
FAMOTIDINE 40 mg/tablet / Take 20 mg by mouth every other day Commonly known as: PEPCID
Metoprolol Succinate - Metoprolol Succinate ER 25 MG tablet by mouth daily Commonly known as: TOPROL XL
TUMS Smoothies Chewable 750 mg/tablet / Take 300 mg by mouth 2 times daily as needed Generic drug: Calcium Carbonate Antacid
Amilodipine - Amlodipine Besylate 5mg=1 tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50mcg=1tablet by mouth once a day
insulin glargine-yfgn solution injection 100 UNIT/ML / Inject 25 Units into the skin subcutaneous in the morning Commonly known as: SEMGLEE
Lidocaine Patch - Lidocaine 4% Patch / Place 1 patch onto the skin topical every 24 hours for 7 days.
Ammonium Lactate - Ammonium Lactate 12% lotion / Apply 1 Application to the skin topical 2 times daily Commonly known as: LAC-HYDRIN

14. DME and Supplies:

diabetic supplies, bath bench, walker

15. Safety Measures:

transfer with assist, sharps precautions, cardiac precautions, walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, medication safety, ambulates with assistance, standard precautions, fall precautions, diabetic precautions, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

bromide tartrate brinzolamide topamax

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Walker, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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

family/caregiver 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 94-year-old female with a significant past medical history of congestive heart failure, hypertension, type 2 diabetes mellitus requiring insulin therapy, chronic kidney disease, and a history of subacute hemorrhage following a fall in 2024. She was recently hospitalized for an exacerbation of heart failure characterized by worsening shortness of breath and has since been discharged home. Upon admission to home health services, the patient was assessed and found to be alert, oriented, and in stable condition, with vital signs within normal limits and no signs of acute distress. Respiratory assessment revealed no labored breathing, and her cardiopulmonary status appeared stable. Skin assessment was unremarkable, with no evidence of breakdown, edema, or other abnormalities. The patient resides in a two-story home with her daughter and granddaughter, who serve as primary caregivers and provide assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and medication management. The home setup includes five steps to enter, with bedroom and bathroom access available on the first floor, supporting safety and accessibility. The patient ambulates approximately 25 feet indoors using a rolling walker with contact guard assistance and demonstrates impaired mobility. Bed mobility requires supervision for sit-to-supine transitions and minimal assistance for supine-to-sit. Transfers from bed or chair to standing are performed with supervision and verbal cues for proper hand placement. The patient was not assessed for outdoor mobility, stair negotiation, or car transfers during this visit. Therapeutic exercises were initiated, and the patient tolerated five repetitions each of supine hip flexion, bridging, hooklying rotation, straight leg raises, and hip abduction. Functional assessment indicates deficits in standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, which contribute to decreased independence in self-care tasks, functional transfers, and ambulation. Additionally, the patient has a history of bilateral carpal tunnel syndrome with decreased hand grip strength, further impacting functional performance. Skilled physical and occupational therapy services are recommended to improve strength, mobility, and functional independence, with the goal of returning the patient to her prior level of function. Comprehensive education was provided to the patient and caregivers regarding disease management, including heart failure symptom monitoring, diabetes management with proper insulin administration, routine blood glucose monitoring, medication adherence, and recognition of warning signs requiring medical attention such as increased shortness of breath, peripheral edema, rapid weight gain, or changes in mental status. Fall prevention strategies and safe use of assistive devices were also reinforced. The patient and caregivers demonstrated understanding of the education provided. The plan of care includes

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

Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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 : 04/25/2026

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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continued skilled nursing services for ongoing assessment, monitoring of chronic conditions, reinforcement of education, and coordination of care, along with skilled physical and occupational therapy to address mobility and functional deficits, promote safety, and enhance overall quality of life.
 Date of Order 04/30/2026 Orders Physician Face-to-Face Date: 04/25/2026 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 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 Shrestha, Rosina

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) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26) ,WK8: 1 (06/14/26-06/20/26)

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), 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.

; 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: M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, limited range of motion, weak hand grips, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit, obesity

PROCEDURES: monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver

SN Goals

PATIENT-STATED GOAL: Pt states she wants to regain strength

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
* 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 hearing-impaired including installing special fire-detector/CO2 alarms
* 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 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

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

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administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (04/30/26-05/02/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Family training : Therex, and steps, cough/deep breathing exercises, 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, 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 - 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

PT Goals

PATIENT-STATED GOAL: To go back to using my cane again

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

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

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

Toilet Transfer - 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

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: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient and caregiver with all medications in the home, incentive spirometer, home exercise program: Bilateral UE biceps. Triceps, deltoid muscles, equipment training, work simplification/energy conservation, transfers training: Skilled OT 1x5, assist with bathing: Skilled OT 1x5, assist with transferring: Skilled OT 1x5, assist with lower 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to walk

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/30/2026