Home Health Certification and Plan of Care

Order ID: 1150/17989

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	02/16/2026	From: 04/17/2026 To: 06/15/2026	20005	217058

6. Patient's Name and Address

Diane Fickus
11607 Bonaparte Ave,
WHITE MARSH, MD 21162-
937-430-9230

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 07/08/1949 | **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	02/16/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	02/16/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/16/26
N18.32	Chronic kidney disease stage 3b	02/16/26
I48.0	Paroxysmal atrial fibrillation	02/16/26
J96.11	Chronic respiratory failure with hypoxia	02/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/16/26
I35.0	Nonrheumatic aortic (valve) stenosis	02/16/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	02/16/26
E78.5	Hyperlipidemia unspecified	02/16/26
I27.20	Pulmonary hypertension unspecified	02/16/26
E83.51	Hypocalcemia	02/16/26
E87.6	Hypokalemia	02/16/26
I34.0	Nonrheumatic mitral (valve) insufficiency	02/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/16/26
R32.	Unspecified urinary incontinence	02/16/26
E66.01	Morbid (severe) obesity due to excess calories	02/16/26
Z68.44	Body mass index [BMI] 60.0-69.9 adult	02/16/26
Z79.01	Long term (current) use of anticoagulants	02/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/16/26
Z99.81	Dependence on supplemental oxygen	02/16/26

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

Diltiazem Hydrochloride - Diltiazem Hydrochloride 120 mg 120 MG , Give 120 mg Tablet by mouth twice a day Dilt-XR Orel Capsule Extended Release 24 Hour 120 MG (Diltiazem HCl) Give 120 mg by mouth two times a day for HTN hold for SBP less than 100 and HR less than 60
Glipizide - Glipizide 10 mg 10MG; 1 TAB by mouth twice a day DM
Torsemide - Torsemide 20 mg 20 MG by mouth once a day EDEMA
1 TAB THEN SKIP A DAY
2 TABS THEN SKIP A DAY
Oxybutynin - Oxybutynin 5MG; 1 TAB by mouth once a day OVERACTIVE BLADDER
Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 20 mg Tablet by mouth at bedtime Atorvastatin Calcium Oral Tablet 20 MG (Atorvastatin Calcium) Give 20 mg by mouth at bedtime for HLD
Melatonin - Melatonin 5 Mg, Give 5 mg tablet by mouth at bedtime Melatonin Oral Tablet 5 MG (Melatonin) Glive 5 mg by mouth at beatime for INSOMNIA
Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 5-325 MK3, Give 1 tablel by mouth every 6 hours for MODERATE PAIN
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) , Give 1 capsule by mouth once a day Cholecalciferol Oral Capsule 50 MCG (2000 UT) (Cholecalciferol) Give 1 capsule by mouth one time a day for supplement
Famotidine - Famotidine 20 mg 20 MG, Give 1 tablet by mouth twice a day Famotidine Oral Tablet 20 MG (Famotidine) Give 1 tablet by mouth two times a day for GERD
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU (50MCG); 1 TAB by mouth once a day SUPPLEMENT
Gabapentin - Gabapentin 300 mg 300 MG Give 1 capsule by mouth twice a day NEUROPATHY PAIN
Ammonium Lactate - Ammonium Lactate eq 12 perc base 12% Apply to extremities lopically topical once a day Ammonium Lactate Cream 12% Apply to extremities lopically every day shift for dry skin SHAKE CREAM. EXTERNAL USE ONLY MAY CAUSE INCREASED PHOTOSESITIVITY
Lotrisone - Betamethasone Dipropionate: Clotrimazole 1-0.05% , Apply to under breasts topical as necessary Lotrisone Cream 1-0.05% (Clotetimazok Betamethasone) Apply to under breasts topically every day and evening shift for protection may apply non adherent dressing per pt request to prevent nostare
Colace - Docusate Sodium 50MG; 1 TAB by mouth as necessary FOR BOWEL REGIMEN
Warfarin - Warfarin Sodium 2.5 mg take 1.5 tablets by mouth two times per week On Sundays and Wednesday for blood thinner
Warfarin - Warfarin Sodium 2.5 mg take 1 tablet by mouth once a day for five days, (Mondays, Tuesdays, Thursdays, Fridays and Saturdays)

14. DME and Supplies:

diabetic supplies, bath bench, walker, commode

15. Safety Measures:

fall precautions, diabetic precautions, bleeding precautions, ambulates with device, standard precautions, walker precautions, medication safety, bathroom safety, anticoagulant precautions

16. Nutrition:

diabetic

17. Allergies:

amoxicillin reglan

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

SN: patient will be responsible for managing treatment PT: family/caregiver will

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Baronas
8600 Lasalle Rd
Baltimore, MD 21286
PHONE: 4439214683 FAX: 14439214698 NPI: 1215071691

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 : 02/11/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/17989

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	02/16/2026	From: 04/17/2026 To: 06/15/2026	20005	217058

6. Patient's Name and Address
Diane Fickus
11607 Bonaparte Ave,
WHITE MARSH, MD 21162-
937-430-9230

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

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 being recertified due to generalized weakness and an increased risk of falls while on anticoagulation therapy. She is alert and oriented, with a routine blood glucose level of 176 and an INR of 2.0. She is currently taking 2.5 mg of warfarin, with a dosing schedule of 1.5 tablets on Wednesdays, Fridays, and Sundays, and 1 tablet on the remaining days; her INR is scheduled for recheck next week. Vital signs are within normal limits, and no new issues were observed. The patient ambulates with a walker and is morbidly obese, reporting severe pain. During the previous certification period in home care, she made some progress in functional mobility but continues to require stair and automobile transfer training. She is able to ascend and descend four steps with maximum assistance but requires further training to safely negotiate stairs and transfer into a car for medical appointments.<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 04/15/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: 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<o:p></o:p>
 4 - Recertification SN Notes: due to generalized weakness, at risk of falls while on anticoagulation therapy PT Eval Notes: <o:p></o:p> Physician: Baronas, James

SN Careplans

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

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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: abn cholesterol > 200 mg/dL, muscle weakness, balance deficit

PROCEDURES: LAB ORDER: From Medstar Franklin Square AC clinic. Check PT/INR at the patients first home visit (SOC) week of 2/16/26 and check weekly or as requested by AC clinic. Fax results to 443-777-6281. (Clinic phone number is 443-777-7010). Manager received verbal order from Frances Valle CRNP, if obtaining via fingerstick can obtain INR only., Medication Review: Medication reviewed with the patient/caregiver., Physician order lab work: From Medstar Franklin Square AC clinic. Check PT/INR on 03/11/2026. Fax results to 443-777-6281. Clinic phone number is 443-777-7010., Physician order lab work: From Medstar Franklin Square AC clinic. Check PT/INR on 03/11/2026. Fax results to 443-777-6281. Clinic phone number is 443-777-7010., Physician order lab work: Nurse to check INR via fingerstick on Wednesday 04/01/2026. Fax results to Kaiser AC clinic at 866-256-8660., Physician order lab work: Written Order - SN to Check INR on 04/08/2026, results to Kaiser AC clinic, 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 medicatio, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: to walk without assistive devices

GOALS
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
* 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 medicatio

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
04/15/2026

Home Health Certification and Plan of Care

Order ID: 1150/17989

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	02/16/2026	From: 04/17/2026 To: 06/15/2026	20005	217058

6. Patient's Name and Address
Diane Fickus
11607 Bonaparte Ave,
WHITE MARSH, MD 21162-
937-430-9230

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

PT WK1: 1 (04/17/26-04/18/26) ,WK2: 2 (04/19/26-04/25/26) ,WK3: 2 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, incentive spirometer, home exercise program, 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 medicatio, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PATIENT-STATED GOAL: To walk longer distance within the home

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

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

Signature of Physician:

Date

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

Date
04/15/2026