Home Health Certification and Plan of Care

Order ID: 1150/18784

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17267596	05/19/2026	From: 05/19/2026 To: 07/17/2026	20582	217058

6. Patient's Name and Address
Cynthia Clemmons
4800 Gilray Dr,
BALTIMORE, MD 21214-
443-939-6544

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 03/26/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I50.20	Unspecified systolic (congestive) heart failure	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	05/19/26
D63.1	Anemia in chronic kidney disease	05/19/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/19/26
B18.2	Chronic viral hepatitis C	05/19/26
I82.211	Chronic embolism and thrombosis of superior vena cava	05/19/26
E03.9	Hypothyroidism unspecified	05/19/26
I25.2	Old myocardial infarction	05/19/26
E78.5	Hyperlipidemia unspecified	05/19/26
Z99.2	Dependence on renal dialysis	05/19/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	05/19/26
Z79.01	Long term (current) use of anticoagulants	05/19/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/19/26
Z79.82	Long term (current) use of aspirin	05/19/26

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

Aspirin 81Mg - Aspirin 81 mg, Tablet by mouth once a day 81 mg, Oral, 1 time daily
Lipitor - Atorvastatin Calcium 80 mg, Tablet by mouth once a day 80 mg, Oral, 1 time daily
Isordil - Isosorbide Dinitrate 20 mg, Tablet by mouth three times a day 20 mg, Oral, 3 times daily
Toprol Xl - Metoprolol Tartrate 25 mg, Tablet by mouth once a day
Zofran - Ondansetron Hydrochloride 4 mg, Tablet by mouth every 6 hours 4 mg, Oral, every 6 hours PRN
Renvela - Sevelamer Carbonate 2.4gm/packet 2.4 by mouth twice a day Lokalma packet by mouth as necessary
Synthroid - Levothyroxine Sodium 25 mcg , Tablet by mouth once a day Oral, 1 time daily before breakfast
Eliquis - Apixaban 2.5mg by mouth twice a day
Plavix - Clopidogrel Bisulfate eq 75 mg base 75mg by mouth once a day
Advair - Fluticasone Propionate: Salmeterol Xinafoate 100/50 inhalant once a day

14. DME and Supplies:
cane

15. Safety Measures:
fall precautions, anticoagulant precautions, , supervision at all times, standard precautions, bleeding precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
renal diet, diabetic

17. Allergies:
sacubitril-valsartan hectorol heparin metformin

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Cane, 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: Yes

20. Prognosis: good

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

Homebound status: Due to diagnosis of Unspecified systolic (congestive) heart failure, 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:

Start of Care assessment completed for an elderly patient referred for skilled nursing, physical therapy, and occupational therapy services following recent hospitalization related to congestive heart failure exacerbation, dyspnea on exertion, hypertension, and functional decline. Consent for treatment was reviewed and signed by the patient. The patient's past medical history is significant for hypertension, chronic obstructive pulmonary disease (COPD), chronic kidney disease/end-stage renal disease requiring hemodialysis three times weekly on Monday, Wednesday, and Friday at Good Samaritan, anemia, hypothyroidism, myocardial infarction, hyperlipidemia, implanted defibrillator, and chronic embolism/thrombus of the superior vena cava. The patient is alert and oriented x3-4 and currently lives alone in a single-family home with four steps required for entry and a first-floor living setup available. The patient's daughters, Kimberly and Whitney, are identified as caregivers and power of attorney per patient report. The patient stated that daughter Kim plans to move into the home to provide increased assistance and supervision. The patient ambulates short household distances with supervision and utilizes a cane and/or rollator walker for safety due to impaired balance, weakness, dyspnea on exertion, and increased fall risk. The patient reported that the most recent hospitalization was precipitated by a fall; however, no additional falls have occurred since discharge. Homebound status is supported by the patient's impaired endurance, need for assistive devices, and considerable effort required to safely leave the home. Balance assessment revealed a Tinetti score of 17/28, indicating elevated fall risk. Assessment findings revealed left anterior thigh hemodialysis access site intact with dressing clean, dry, and intact. No open wounds, skin breakdown, abnormal bleeding, or abnormal lung sounds were noted during the visit. The patient denied abnormal discomfort, and last bowel movement was reported as occurring yesterday. Functional assessment demonstrated supervision required for bed mobility, transfers to bed, chair, and toilet, ambulation approximately 30 feet indoors, and stair negotiation of 14 steps using bilateral handrails. Outside ambulation and car transfer assessment were not completed during this visit. During therapy evaluation, the patient tolerated 10 repetitions each of supine therapeutic exercises including hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, knee extension, and ankle pumps. Skilled physical therapy is medically necessary to improve strength, endurance, balance, gait safety, and overall functional mobility in order to maximize independence and reduce risk of falls and rehospitalization. Skilled occupational therapy services were also ordered to address safety, activities of daily living, and functional independence within the home setting. Skilled nursing education was provided regarding disease management for CHF, COPD, hypertension, chronic kidney disease, dialysis care, medication compliance, fall prevention strategies, safe use of assistive devices, signs and symptoms requiring physician notification, and energy conservation techniques. The patient and caregivers verbalized understanding of education provided. Skilled nursing services were initiated with planned frequency of 1 visit weekly for 4 weeks followed by 1 visit weekly for 2 additional weeks for continued cardiopulmonary assessment, dialysis monitoring, medication education, safety monitoring, and chronic disease management.
 Date of Order 05/19/2026 Orders Physician Face-to-Face Date: 05/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified systolic (congestive) heart failure 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:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Soor Kothari
1500 Forest Glen Rd
Silver Spring, MD 20910
PHONE: 3017547000 FAX: NPI: 1508243627

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 : 05/13/2026

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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soc PT Eval Notes:
 Physician Kothari, Soor

SN Careplans

SN WK1: 1 (05/19/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26)

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: 3. Multiple hospitalizations (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, 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; 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 ; 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.

No open wounds noted
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, muscle weakness, limited strength, limited endurance, poor muscle tone, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, monitor dialysis 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, * 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) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To able to walk safety without 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/19/2026

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PT WK1: 1 (05/19/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer

PROCEDURES: 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, equipment training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Be able to do my own laundry in the basement

GOALS

Toilet Transfer - 06. Independent

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

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/19/2026