Home Health Certification and Plan of Care

Order ID: 1150/18840

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7VC3X74JT14	05/20/2026	From: 05/20/2026 To: 07/18/2026	26058	217058

6. Patient's Name and Address

Geraldine Slemp
9332 Beowuld Circle,
ROSEDALE, MD 21237-
443-904-8059

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 12/26/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D50.9	Iron deficiency anemia unspecified	05/20/26

13. ICD	Other Pertinent Diagnoses	Date
L03.114	Cellulitis of left upper limb	05/20/26
E43.	Unspecified severe protein-calorie malnutrition	05/20/26
I50.32	Chronic diastolic (congestive) heart failure	05/20/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/20/26
N18.30	Chronic kidney disease stage 3 unspecified	05/20/26
D63.1	Anemia in chronic kidney disease	05/20/26
E53.8	Deficiency of other specified B group vitamins	05/20/26
F02.818	Dem in oth dis classd elswhr unsp sev with oth beh distrb	05/20/26
F02.83	Dem in other dis classd elswhr unsp sev with mood distrb	05/20/26
F32.A	Depression unspecified	05/20/26
I48.20	Chronic atrial fibrillation unspecified	05/20/26
I08.0	Rheumatic disorders of both mitral and aortic valves	05/20/26
K64.8	Other hemorrhoids	05/20/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	05/20/26
I27.20	Pulmonary hypertension unspecified	05/20/26
E78.5	Hyperlipidemia unspecified	05/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/20/26
Z87.440	Personal history of urinary (tract) infections	05/20/26
Z96.651	Presence of right artificial knee joint	05/20/26

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

LOSARTAN POTASSIUM 100 mg 100 mg / 1 Tablet by mouth once a day for HTN Hold for SBP Less than 110
SIMVASTATIN 20 mg 20 mg / 1 Tablet by mouth at bedtime for HLD
SERTRALINE 150 mg tablet by mouth once a day for Depression
Brexpiprazole 0.5 mg / 1 Tablet by mouth once a day for Depression
LANSOPRAZOLE Delayed Release 30 mg / 1 Capsule by mouth in the morning for GERD
Glucophage - Metformin Hydrochloride 1000mg, take 1 tablet by mouth twice a day T2DM
DILTIAZEM Extended Release 24 Hour 120 MG / 1 Capsule by mouth once a day for A-Fib with RVR hold for systolic less than 110 and HR less than 50
THIAMINE 100 mg / 1 Tablet by mouth once a day for Supplement
B-12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 100 mcg / 1 Tablet by mouth once a day for Supplement
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for iron deficiency anemia
Miralax - Polyethylene Glycol 3350 0 Powder 17 GM/SCOOP / Give 17 gram by mouth once a day for Bowel Regimen Hold & Notify MD/NP for Loose Stool
Magnesium Oxide - Simethicone 400 mg / 1 Tablet by mouth at bedtime for Supplement
CRANBERRY 450 mg / 1 Tablet by mouth once a day for Supplement
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 12 hours for pain
Lidocaine Patch - Lidocaine 0 Pain Relief Max St 4 % / Apply to Posterior Neck topical as necessary every 24 hours as needed for Pain Apply in AM and Off at HS

14. DME and Supplies:

bath bench, wheelchair, walker

15. Safety Measures:

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

16. Nutrition:

diabetic, low sodium, soft

17. Allergies:

morphine oxycodone

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: Yes

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Iron deficiency anemia unspecified, 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 86-year-old female referred to home health services following hospitalization and rehabilitation related to congestive heart failure (CHF) exacerbation, atrial fibrillation with rapid ventricular response (RVR), anemia, and multiple falls while on anticoagulant therapy. Her past medical history is significant for type 2 diabetes mellitus, chronic kidney disease, iron deficiency anemia, protein-calorie malnutrition, and CHF. The patient resides with her daughter, who is her primary caregiver and assists with medications, ADLs, and mobility needs. The patient is alert and oriented x4, with lungs clear to auscultation and active bowel sounds. She sustained a skin tear to her left arm after a recent fall from the couch while attempting to stand; the wound was cleaned and covered with a dry gauze dressing, and her PCP was notified with follow-up scheduled for 5/25/26. The patient ambulates short distances to the bathroom with a rolling walker under supervision but requires a wheelchair for community mobility and currently sleeps downstairs due to inability to negotiate stairs. Assessment revealed generalized weakness, impaired gait mechanics with slow cadence, short stride length, limited heel strike, and need for minimal assistance for safe ambulation. The patient also reports persistent nighttime pain affecting sleep. Education was provided to the patient and daughter regarding fall prevention, wheelchair safety, medication compliance, daily weight monitoring, and the importance of routine blood glucose and blood pressure monitoring, as the patient does not currently monitor either at home. The patient would benefit from continued skilled nursing, therapy services, and home health aide assistance to improve strength, mobility, safety, and independence, with the stated goal of regaining strength and eventually negotiating stairs to return to her modified room.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/28/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Iron deficiency anemia unspecified
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Rahnama, Mohammad

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mohammad Rahnama
9512 HARFORD ROAD
PARKVILLE, MD 21234
PHONE: 410-665-4400 FAX: 14106612420 NPI: 1952458739

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 : 04/28/2026

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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Geraldine Slemp 9332 Beowuld Circle, ROSEDALE, MD 21237- 443-904-8059	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (05/20/26-05/23/26) ,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)

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: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, balance deficit, Pain Interference with ADLs, open sores/lesions, #1 - Abrasion - Anterior Left Elbow/Forearm - dressing applied

PROCEDURES: physician-ordered wound care: #1 - Abrasion - Anterior Left Elbow/Forearm - dressing applied, 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

PATIENT-STATED GOAL: To get up easily from the wheelchair and walk longer with a walker.

GOALS
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/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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 (05/20/26-05/23/26) ,WK2: 2 (05/24/26-05/30/26) ,WK3: 2 (05/31/26-06/06/26) ,WK4: 2 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26)

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

PT Goals

PATIENT-STATED GOAL: "I want to get stronger and walk better"

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/20/2026

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Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: home exercise program: supine to standing ther ex progress as tolerated. Quadsets, marches, hip abduction/adduction hip extension, ankle pumps, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Don/Doff Footwear - 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	05/20/2026