

Home Health Certification and Plan of Care				Order ID: 115017989
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	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
11. ICD I13.0	Principal Diagnosis Hyp hrt & chr kidney dis w hrt fail and stg 1-4/unspr chr kidney	Date 02/16/26		Diltiazem Hydrochloride - Diltiazem Hydrochloride 120 mg 120 MG , Give 120 mg Tablet by mouth twice a day Dilt-XR Oral 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) Give 5 mg by mouth at bedtime for INSOMNIA Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 5-325 MK3, Give 1 tablet by mouth every 6 hours for MODERATE PAIN Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: 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: Dexpantenol: 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 topically once a day Ammonium Lactate Cream 12% Apply to extremities topically every day shift for dry skin SHAKE CREAM. EXTERNAL USE ONLY MAY CAUSE INCREASED PHOTOSENSITIVITY Lotrisone - Betamethasone Dipropionate: Clotrimazole 1-0.05% , Apply to under breasts topically as necessary Lotrisone Cream 1-0.05% (Clotrimazole Betamethasone) Apply to under breasts topically every day and evening shift for protection may apply non adherent dressing per pt request to prevent moisture 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 & Psychosocial 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 05/13/2026 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. PAGE 1 of 3	

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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:

<p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing"> </p> <p class="MsoNoSpacing">Bottom of Form<o:p></o:p></p> <p class="MsoNoSpacing"><o:p></o:p></p> <p class="MsoNoSpacing">04/15/2026
Order<o:p></o:p></p> <p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing">
 4 - Recertification SN Notes: due to generalized weakness, at risk of falls while on anticoagulation therapy</p><p class="MsoNoSpacing">PT Eval Notes:</p><p class="MsoNoSpacing"><o:p></o:p></p> <p class="MsoNoSpacing">Physician: Baronas, James</p>

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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/15/2026

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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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