Home Health Certification and Plan of Care

Order ID: 1150/18966

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100584610	04/22/2026	From: 04/22/2026 To: 06/20/2026	24830	217058

6. Patient's Name and Address

Bridget Gilmore
730 Pleasant Hill RD,
Ellicott City, MD 21043-
410-227-1021

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 02/21/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/22/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/22/26
N18.2	Chronic kidney disease stage 2 (mild)	04/22/26
I65.22	Occlusion and stenosis of left carotid artery	04/22/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	04/22/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/22/26
Z91.81	History of falling	04/22/26
Z79.82	Long term (current) use of aspirin	04/22/26
Z79.4	Long term (current) use of insulin	04/22/26

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

CARVEDILOL 3.125 mg 3.125 mg / 1 Tablet by mouth twice a day for HTN Hold for SBP less than 110 Pulse less than 60
Keppra - Levetiracetam 500 mg 500 mg / 1 Tablet by mouth twice a day for Seizure disorder
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for Hyperlipidemia HYPERLIPIDEMIA
Metformin Hcl - Metformin Hydrochloride 1000 mg / 1 Tablet by mouth one time a day for DM2 With Breakfast DM2
ASPIRIN 81 mg / 1 Tablet by mouth one time a day for CVA prophylaxis CVA
Amlodipine Besylate - Amlodipine Besylate 10 mg / 1 Tablet by mouth once a day for HTN Hold for SBP less than 110 Pulse less than 60
LISINOPRIL 20 mg 20 mg / 1 Tablet by mouth once a day for HTN Hold for SBP less than 110 Pulse less than 60
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for Pain Do not exceed more than 3g PAIN
Lantus - Insulin Glargine Recombinant 100 units/ml 15 units subcutaneous twice a day DM
Insulin Lispro Injection Solution 2 unit subcutaneous before meal DM2

14. DME and Supplies:

bath bench, rolling walker, diabetic supplies, walker, commode

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, sharps precautions, activity supervision

16. Nutrition:

diabetic,

17. Allergies:

chedder cheese

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., 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: 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

SN and PT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status:

Due to diagnosis of Type 2 diabetes mellitus with diabetic 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 66-year-old female with a past medical history significant for type 2 diabetes mellitus (DM2), hypertension (HTN), chronic kidney disease (CKD) stage 2, metabolic encephalopathy, left basal ganglia infarct/stroke, left carotid artery stenosis, cervical spondylosis, and recurrent falls. She was recently hospitalized for confusion and diabetic ketoacidosis (DKA), requiring an insulin drip, followed by a rehabilitation stay. She is currently managed on Lantus and Novolog insulin, monitors blood glucose levels before meals and at bedtime using a Dexcom continuous glucose monitor, and reported a fasting blood sugar of 183 mg/dL today. The patient is alert and oriented 3, denies pain and shortness of breath, reports a good appetite, and had her last bowel movement yesterday. She resides alone in an apartment with assistance from her sister, who manages her medications. Since returning home, she has been using a walker due to right-sided weakness, impaired balance, decreased endurance, unsteady gait, and reduced activity tolerance. She requires assistance with transfers and close supervision during ambulation, placing her at high risk for falls and limiting her ability to safely perform functional mobility and activities of daily living. The patient has experienced multiple falls, most recently on March 21, 2026, and has not driven since her stroke in 2023 due to memory deficits and impaired safety awareness. Skilled nursing reviewed all medications, dosing, frequencies, potential side effects, and provided education regarding diabetes management and diet; both the patient and her sister were receptive to instruction. Skilled nursing, physical therapy, and occupational therapy services are medically necessary to address strength, balance, gait, safety awareness, functional mobility, and independence with daily activities while reducing the risk of further decline, falls, and rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/22/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/08/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Type 2 diabetes mellitus with diabetic 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>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes<o:p></o:p> Physician: Dua, Rajiv

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rajiv Dua
8186 Lark Brown Rd
Elkridge, MD 21075
PHONE: 4107303399 FAX: 14434784736 NPI: 1043326945

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 : 04/08/2026

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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Bridget Gilmore 730 Pleasant Hill RD, Ellicott City, MD 21043- 410-227-1021	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (04/22/26-04/25/26), WK2: 1 (04/22/26 04/25/26), WK3: 2 (05/03/26-05/09/26), WK4: 1 (05/10/26-05/16/26), WK5: 1 (05/17/26-05/23/26), WK6: 1 (05/24/26-05/30/26) ,WK7: 1 (05/31/26-06/06/26) ,WK8: 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: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises, glucose testing via monitor: AC/HS, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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 living environment has safe floor coverings, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I WANT TO LEARN HOW TO MANAGE MY DIABETES

GOALS
patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient living environment has safe floor coverings

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

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

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/22/2026

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PT WK1: 1 (04/22/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/13/26), WK5: 1 (05/17/26-05/23/26), WK6: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Patient verbalized understanding and demonstrated good carryover., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 150 Feet - 06. Independent

12 Steps - 06. Independent

Walk 10 Feet - 06. Independent

1 - Step (curb) - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

4 Steps - 06. Independent

Picking Up Object - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 1 (04/22/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/13/26), WK5: 1 (05/17/26-05/23/26), WK6: 1 (05/24/26-05/30/26), WK8: 1 (06/07/26-06/12/2026)

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

PROCEDURES: Home exercise program : exe performed during the week, Therapeutic exercise : Exe program during the visit, Medication review : changes in med list, Endurance training : activity tolerance, cough/deep breathing exercises, incentive spirometer, home exercise program: Exes during the week, equipment training, work simplification/energy conservation

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: To be able to get around more

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 - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/22/2026