Home Health Certification and Plan of Care

Order ID: 1150/18977

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5YT0F38UT07	05/27/2026	From: 05/27/2026 To: 07/25/2026	22467	217058

6. Patient's Name and Address

Denise Hawkins
1190 W NORTHERN PARKWAY APT 918,
BALTIMORE, MD 21210-
443-642-9465

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 01/11/1959 | **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	05/27/26

13. ICD	Other Pertinent Diagnoses	Date
I50.23	Acute on chronic systolic (congestive) heart failure	05/27/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/27/26
N18.30	Chronic kidney disease stage 3 unspecified	05/27/26
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	05/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/27/26
J44.89	Other specified chronic obstructive pulmonary disease	05/27/26
F32.A	Depression unspecified	05/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/27/26
E78.5	Hyperlipidemia unspecified	05/27/26
G47.00	Insomnia unspecified	05/27/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	05/27/26
E04.2	Nontoxic multinodular goiter	05/27/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	05/27/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	05/27/26
E55.9	Vitamin D deficiency unspecified	05/27/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	05/27/26
E66.9	Obesity unspecified	05/27/26
Z79.01	Long term (current) use of anticoagulants	05/27/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/27/26
Z79.4	Long term (current) use of insulin	05/27/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/27/26
Z86.718	Personal history of other venous thrombosis and embolism	05/27/26
Z95.5	Presence of coronary angioplasty implant and graft	05/27/26
Z95.1	Presence of aortocoronary bypass graft	05/27/26
Z96.1	Presence of intraocular lens	05/27/26
Z89.432	Acquired absence of left foot	05/27/26
Z89.431	Acquired absence of right foot	05/27/26

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

Lyrica - Pregabalin 300 mg 300 mg by mouth twice a day
Eliquis - Apixaban 5 mg / tablet by mouth twice a day
Clopidogrel - Clopidogrel 75 mg / tablet by mouth once a day
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1250 mcg (50000 unit) / capsule by mouth once a week
Esomeprazole Magnesium - Esomeprazole Magnesium 40 mg / capsule by mouth once a day
Levocetirizine Dihydrochloride - Levocetirizine Dihydrochloride 5 mg / tablet by mouth once a day Take 1 tablet in the evening
Imdur - Isosorbide Mononitrate 30 mg / tablet by mouth once a day
Crestor - Rosuvastatin Calcium 40 mg / tablet by mouth in the evening
Demadex - Torsemide 20 mg by mouth once a day Take 2 tablets Daily
Cefpodoxime Proxetil - Cefpodoxime Proxetil eq 200 mg base 200mg by mouth twice a day X5 days. 4 tabs left patient to complete regimen
Cymbalta - Duloxetine Hydrochloride 30 mg 30mg by mouth once a day
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50000u by mouth once a week Thursday
Accuneb - Albuterol Sulfate 0 0 90 mcg / actuation inhalant as necessary Inhale 2 puffs every four (4) hours as needed for wheezing or shortness of breath
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 100mcg/25mcg inhalant once a day 1 puff
Lantus - Insulin Glargine Recombinant 0 5 units, 100units/ml injection subcutaneous once a day Inject 5 units subcutaneously

14. DME and Supplies:

diabetic supplies, Scooter

15. Safety Measures:

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

16. Nutrition:

low cholesterol, low sodium, diabetic

17. Allergies:

sacubitril-valsartan metformin sulf sulfasalazine sulfate salt oxycodone sacutitri

18.A. Functional Limitations

Endurance, 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: 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 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Michael Kingan
6701 N Charles St
Baltimore, MD 21224
PHONE: 4438496257 FAX: 14438493182 NPI: 1861871881

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 : 05/22/2026

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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Clinical Condition Requiring Homecare:

Start of Care (SOC) visit completed, and all required consents were reviewed and signed by the patient. The patient is a 67-year-old individual recently hospitalized for an acute congestive heart failure (CHF) exacerbation and referred to home health services for skilled nursing, physical therapy, and occupational therapy. The patient's past medical history is significant for acute heart failure, CHF, coronary artery disease status post coronary stent placement and aortocoronary bypass grafting, chronic kidney disease (CKD), type 2 diabetes mellitus, chronic obstructive pulmonary disease (COPD), hyperlipidemia, osteoarthritis of the bilateral hips and right knee, cholelithiasis, chest pain, anticoagulant therapy, bilateral forefoot amputations, left breast swelling, shortness of breath, and the presence of an implanted pacemaker/defibrillator with an external home heart-monitoring system. Documented allergies include metformin, sulfa antibiotics, and sulfate-containing medications. The patient resides with her son in an apartment building with elevator access. The patient has designated her daughter, Tamika Williams, as Power of Attorney (POA). The patient is considered homebound due to CHF-related shortness of breath with exertion, impaired mobility, need for continuous cardiac monitoring, and requirement for one-person supervision to ensure safety and prevent falls, making leaving the home a considerable and taxing effort. During the assessment, the patient was alert and oriented to person and place, with intermittent orientation to time (oriented x2-3). The patient reported generalized pain rated at 8/10 and stated she has been experiencing difficulty sleeping and is unable to maintain restful sleep throughout the night. The patient reported her last bowel movement occurred yesterday. She also reported resolving urinary discomfort while completing a prescribed course of Cefpodoxime 200 mg orally twice daily for five days, with four tablets remaining at the time of the visit. The patient was instructed on the importance of completing the full antibiotic regimen as prescribed. No falls were reported since discharge, and the patient denied any abnormal bleeding despite ongoing anticoagulant therapy. Tremors and intermittent muscle spasms of the upper extremities were reported, with the patient stating that symptoms typically resolve spontaneously. Lung sounds were clear to auscultation throughout all fields, and no wounds or skin integrity concerns were observed during the assessment. Medication reconciliation was completed, and all medications were reviewed with the patient, including indications, dosing schedules, and potential side effects. Skilled nursing provided education regarding CHF disease management, including the importance of obtaining a home scale for daily weight monitoring. The patient was instructed to weigh herself daily and immediately report weight gains of approximately 2 to 5 pounds, increased shortness of breath, swelling, chest pain, or other signs of worsening heart failure to her cardiology provider. Inhalation therapy was reviewed, and the patient demonstrated understanding of proper use. The patient's daughter reported plans to contact the primary care provider to arrange post-hospitalization follow-up care. The patient's primary care provider is Michael Kingan, MD. The patient also has a scheduled cardiology follow-up appointment on 06/02/2026 with Mary Rackson, NP. Functional assessment revealed the patient to be nonambulatory secondary to severe osteoarthritis-related pain involving the right hip and right knee. The patient recently followed up with orthopedic services and was informed that she is not a candidate for joint replacement surgery due to underlying vascular complications. Bed mobility is performed independently. Transfers from the bed to a power scooter are completed using a step stool with supervision. The patient primarily utilizes a power scooter for mobility within the home. Physical therapy assessment included instruction and performance of therapeutic exercises consisting of hip flexion, hip abduction, bridging, straight leg raises, knee extensions, and ankle pumps, with the patient tolerating approximately 5 to 10 repetitions of each exercise. Community mobility, outdoor ambulation, and car transfer abilities were not assessed during this visit. The patient demonstrates the need for continued skilled nursing services for cardiopulmonary assessment, medication management, CHF education, monitoring for signs and symptoms of disease exacerbation, and reinforcement of safety and fall prevention strategies. Physical and occupational therapy services are indicated to improve lower extremity strength, maximize functional mobility, enhance transfer safety, increase independence with activities of daily living, and reduce caregiver burden. Skilled nursing frequency is ordered for 1 visit the first week, 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> the second week, and 1 visit weekly for an additional 5 weeks. The patient and caregiver were receptive to all education provided and verbalized understanding of the plan of care.
 Date of Order 05/27/2026 Orders Physician Face-to-Face Date: 05/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Kingan, Michael

SN Careplans

SN WK1: 1 (05/27/26-05/30/26) ,WK2: 2 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26)

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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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

SN Goals

PATIENT-STATED GOAL: To get back to moving without pain

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 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 administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:

Date

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

Date
05/27/2026

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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:Daughter

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, weight gain > 2lb/24 h OR 5lb/1 wk, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, limited endurance, muscle weakness, poor muscle tone, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, pain radiating to arms/legs, difficulty sleeping, daytime fatigue, obesity, loss of appetite

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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 administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (05/27/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: wheelchair training, home exercise program: Supine hip flexion, bridging, hooklying rotation, hip abduction, straight leg raise. Prone knee flexion, up on elbows. Sitting knee extension, ankle pumps, equipment training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 01. Dependent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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

PT Goals

PATIENT-STATED GOAL: To be able to get food out of the refrigerator by myself and be independent with toileting

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Toilet Transfer - 01. Dependent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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	05/27/2026