Home Health Certification and Plan of Care

Order ID: 1150/19182

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61190655	05/30/2026	From: 05/30/2026 To: 07/28/2026	26373	217058

6. Patient's Name and Address

Gaynell Howell
7505 Knollwood Rd,
TOWSON, MD 21286-
443-442-4932

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 06/19/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G45.9	Transient cerebral ischemic attack unspecified	05/30/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/30/26
I25.5	Ischemic cardiomyopathy	05/30/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/30/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/30/26
N18.31	Chronic kidney disease stage 3a	05/30/26
D63.1	Anemia in chronic kidney disease	05/30/26
E03.9	Hypothyroidism unspecified	05/30/26
E78.5	Hyperlipidemia unspecified	05/30/26
I25.2	Old myocardial infarction	05/30/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/30/26
E11.3313	Type 2 diab with moderate nonp rtnop with macular edema bi	05/30/26
M48.00	Spinal stenosis site unspecified	05/30/26
J01.30	Acute sphenoidal sinusitis unspecified	05/30/26
M54.32	Sciatica left side	05/30/26
D72.10	Eosinophilia unspecified	05/30/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/30/26
E66.9	Obesity unspecified	05/30/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	05/30/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/30/26
Z79.4	Long term (current) use of insulin	05/30/26
Z95.1	Presence of aortocoronary bypass graft	05/30/26

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

AMLODIPINE 5 mg/tablet / Take 2 tablets by mouth daily Commonly known as: NORVASC
CALTRATE 600 PLUS-VIT D PO 1 Tablet by mouth once a day
CLOPIDOGREL 75 mg tablet by mouth daily Commonly known as: PLAVIX
HYDROCHLOROTHIAZIDE 12.5 MG tablet by mouth daily
LEVOTHYROXINE 75 mcg tablet by mouth 6 times per week. (Monday - Saturday) Commonly known as: SYNTHROID
Levothyroxine - Levothyroxine Sodium 75 mcg/tablet / Take 37.5 mcg by mouth once a week (1/2 tablet every Sunday) Commonly known as: SYNTHROID
LOSARTAN POTASSIUM 100 MG tablet by mouth daily Commonly known as: COZAAR
Metoprolol Tartrate - Metoprolol Tartrate 100 MG tablet by mouth 2 times daily
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1,000 mcg/tablet by mouth daily Commonly known as: CYANOCOBALAMIN
Insulin Glargine-yfgn 100 UNIT/ML solution pen-injector / Inject 24 Units into the skin subcutaneous in the evening Commonly known as: SEMGLEE

14. DME and Supplies:

commode, grab bars, , cane, bath bench

15. Safety Measures:

transfer with assist, standard precautions, sharps precautions, infectious material management, fall precautions, emergency phone # clearly displayed, diabetic precautions, cardiac precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

statins atorvastatin metformin zetia

18.A. Functional Limitations

Endurance

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: 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: 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 Transient cerebral ischemic attack 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 05/27/2026

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:

The patient is a 76-year-old female residing in a single-level home with her husband, who serves as her primary caregiver. She was referred to home health services following hospitalization for dizziness and a transient ischemic attack (TIA). Her past medical history is significant for prior cerebrovascular accident (CVA), atherosclerotic heart disease, coronary artery disease status post CABG, ischemic cardiomyopathy, hypertension, type 2 diabetes mellitus, chronic kidney disease stage IIIa, obesity, hypothyroidism, carotid artery disease, spinal stenosis, and NSTEMI. During assessment, her skin was intact, vital signs were stable, and she reported no pain within the past 24 hours. Prior to hospitalization, the patient was independent with community mobility, activities of daily living (ADLs), and instrumental activities of daily living (IADLs), though she did not drive. At the time of evaluation, she demonstrated modified independence with bed mobility, transfers, stair negotiation, and ambulation without an assistive device in the home and with a single-point cane outdoors. She scored 26/28 on the Tinetti Balance Assessment and completed the Timed Up and Go (TUG) test in 10 seconds, indicating a low fall risk. Physical and occupational therapy evaluations determined that the patient is functioning at her baseline level and is not currently appropriate for skilled PT or OT services. Skilled OT evaluation only was completed. Skilled nursing services were recommended at a frequency of once weekly for three weeks, with the next nursing visit scheduled for Wednesday.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/27/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Transient cerebral ischemic attack 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:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Varghese, Sherin

SN Careplans

SN WK1: 1 (05/30/26-05/30/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 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: 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 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.

NA
Advance Directive:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, poor muscle tone, muscle weakness, limited endurance, limited strength

PROCEDURES: apply anti-embolitic stockings, 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 medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I want to stop getting dizzy

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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/30/2026

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PT WK3: 1 (06/07/26-06/13/26)

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: home exercise program, gait training on uneven surfaces, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL:

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/31/26-06/06/26)

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

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, 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: Evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/30/2026