Home Health Certification and Plan of Care

Order ID: 1150/19179

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7CE5JA2UJ79	04/03/2026	From: 06/02/2026 To: 07/31/2026	24440	217058

6. Patient's Name and Address

Maria Zuniga
5686 Stevens Forest Rd Apt 28,
COLUMBIA, MD 21045
240-706-4325

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 06/14/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.21	Acute and chronic respiratory failure with hypoxia	04/03/26

13. ICD	Other Pertinent Diagnoses	Date
J96.22	Acute and chronic respiratory failure with hypercapnia	04/03/26
I11.0	Hypertensive heart disease with heart failure	04/03/26
I50.33	Acute on chronic diastolic (congestive) heart failure	04/03/26
E78.5	Hyperlipidemia unspecified	04/03/26
I48.20	Chronic atrial fibrillation unspecified	04/03/26
E03.9	Hypothyroidism unspecified	04/03/26
F32.A	Depression unspecified	04/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/03/26
E66.2	Morbid (severe) obesity with alveolar hypoventilation	04/03/26
Z68.42	Body mass index [BMI] 45.0-49.9 adult	04/03/26
Z79.01	Long term (current) use of anticoagulants	04/03/26
Z99.81	Dependence on supplemental oxygen	04/03/26
Z99.89	Dependence on other enabling machines and devices	04/03/26
Z87.891	Personal history of nicotine dependence	04/03/26

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

Cyclosporine - Cyclosporine ophthalmic 0.005% / one drop both eyes every 12 hours
Wellbutrin Sr - Bupropion Hydrochloride 150 mg by mouth daily
Vitamin D - Ergocalciferol 2000 units by mouth once a day
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 mg by mouth daily
turmeric 1500 mg by mouth daily
SYNTHROID 50 mcg by mouth daily
SPIRONOLACTONE 25 mg mg by mouth daily
SERTRALINE 150 mg by mouth daily at bedtime
PROPAFENONE HYDROCHLORIDE 0 ER 325 mg by mouth twice a day
PANTOPRAZOLE 40 mg by mouth daily
OMEGA 3 1000 mg by mouth daily
Magnesium Oxide - Simethicone 400 mg by mouth once a day
Gemtesa 75 mg by mouth once a day
FUROSEMIDE 40 mg by mouth daily
ELIQUIS 5 mg by mouth twice a day
Ecotrin - Aspirin 325 mg by mouth daily at bedtime
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10mg by mouth daily at bedtime
ATORVASTATIN 20 mg by mouth daily at bedtime
ACETAZOLAMIDE 250 mg by mouth daily
ACETAMINOPHEN 650 mg by mouth every 4 hours when necessary
Metoprolol Succinate - Metoprolol Succinate 0 ER 12.5 mg-1/2 25mg tablet by mouth once a day
SYMBICORT 80/4.5 MCG/ACT / 2 puffs inhalant every morning and daily at bedtime
Fluocinoide ointment 0.005% to affected areas every 12 hours when necessary
Aspercreme 0 lidocaine patch to low back daily
ESTRADIOL 0 vaginal cream 1 g topical daily when necessary

14. DME and Supplies:

rolling walker, hand held shower, bath bench, reacher, walker, oxygen supplies, hospital bed, cane

15. Safety Measures:

O2 precautions, fall precautions, standard precautions, bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

iodinated contrast media iodine

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: -, MOBILITY: -

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute and chronic respiratory failure with hypoxia, 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 continues to experience decreased functional mobility and activity tolerance, which negatively impact her ability to perform activities of daily living (ADLs), particularly bathing, as well as household and kitchen chores. She reports ongoing dyspnea but states that she is sleeping well with the use of her CPAP machine. The patient is awaiting installation of grab bars in the bathroom to improve safety and independence. She has an upcoming ophthalmology appointment in two weeks. The patient was seen by her pulmonologist on May 27 and received education regarding the importance of consistent CPAP use. She is scheduled for monthly follow-up visits with her pulmonologist until her condition stabilizes. Additionally, her cardiologist has recommended a follow-up appointment in six months.<o:p></o:p> Date of Order<o:p></o:p> 05/29/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/27/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN med management, PT eval and treat, OT eval and treat HHA Adl's DX: Acute and chronic respiratory failure with hypoxia
 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>
 4 - Recertification OT Notes: due to alteration in balance interfering with function impacting her ability to do ADLs specially bathing and kitchen and house chores with complaints of dyspnea<o:p></o:p> Physician: Molieri, Danilo

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Danilo Molieri
4701 Randolph Rd Ste 216
Rockville, MD 20852
PHONE: 3012300888 FAX: 13012309084 NPI: 1821076498

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 : 03/27/2026

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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OT Careplans

OT WK1: 1 (06/02/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-07/31/26)

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:

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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: abnormal blood pressure, M1033 - Exhaustion, foul-smelling urine, increased urine output, urine retention, limited strength, limited endurance, involuntary movement of extremity, difficulty sleeping, balance deficit, obesity

PROCEDURES: Home exercise program : UE strengthening exe for home, Home exercise program : Home exe regime, Therapeutic exercise : UE strengthening, Medication review : ., cough/deep breathing exercises, incentive spirometer, home exercise program: clinician will describe HEP at visit, equipment training, work simplification/energy conservation

OT Goals

PATIENT-STATED GOAL: to improve QOL

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

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

Don/Doff Footwear - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
05/29/2026

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TEACH PATIENT/CAREGIVER: * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, 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
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