Home Health Certification and Plan of Care

Order ID: 1150/19685

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
651091436	06/11/2026	From: 06/11/2026 To: 08/09/2026	24292	217058

6. Patient's Name and Address

Louise McCoy
814 AYLESBURY GARTH,
ARNOLD, MD 21012-
443-534-1220

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 07/01/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
I50.43	Acute on chronic combined systolic and diastolic hrt fail	06/11/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/11/26
N18.6	End stage renal disease	06/11/26
I48.0	Paroxysmal atrial fibrillation	06/11/26
I44.2	Atrioventricular block complete	06/11/26
I27.20	Pulmonary hypertension unspecified	06/11/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/11/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	06/11/26
I95.89	Other hypotension	06/11/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/11/26
E78.2	Mixed hyperlipidemia	06/11/26
D69.6	Thrombocytopenia unspecified	06/11/26
E21.1	Secondary hyperparathyroidism not elsewhere classified	06/11/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/11/26
M10.9	Gout unspecified	06/11/26
M54.9	Dorsalgia unspecified	06/11/26
G89.29	Other chronic pain	06/11/26
F32.A	Depression unspecified	06/11/26
F39.	Unspecified mood [affective] disorder	06/11/26
Z99.2	Dependence on renal dialysis	06/11/26
Z79.01	Long term (current) use of anticoagulants	06/11/26
Z95.0	Presence of cardiac pacemaker	06/11/26
Z87.01	Personal history of pneumonia (recurrent)	06/11/26

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

BUSPIRONE HCL 5 mg / 1 Tablet by mouth twice a day Commonly known as: BUSPAR
ELIQUIS 5 mg/tablet / Take 0.5 tablets by mouth 2 times daily
Demadex - Torsemide 100 mg 2 tablets by mouth every other day For fluid
ALLOPURINOL 100 mg 100 mg / 1 Tablet by mouth in the morning Commonly known as: ZYLOPRIM
gout
Eliquis - Apixaban 5mg; 1/2 tab by mouth twice a day a-fib
ATORVASTATIN 40 mg / 1 Tablet by mouth nightly Commonly known as: LIPITOR
hyperlipidemia
ESCITALOPRAM 5 mg 5 mg / 1 Tablet by mouth twice a day antidepressant
MIDODRINE HYDROCHLORIDE 10 mg / 1 Tablet by mouth three times a day
Pt takes twice daily on dialysis days (Mon/wed/fri) Commonly known as: PROAMATINE
hypotension
MIRTAZAPINE 15 mg 15 mg / 1 Tablet by mouth nightly Commonly known as: REMERON
for sleep
PANTOPRAZOLE 40 mg Delayed Release 40 mg / 1 Tablet by mouth 2 times daily Commonly known as: PROTONIX
stomach
RENA-VITE 1 Tablet by mouth every morning B complex supplement
ACETAMINOPHEN 500 mg/tablet / Take 1,000 mg by mouth twice a day as needed (back pain). Commonly known as: TYLENOL
pain
Vitamin D - Ergocalciferol 1 TAB by mouth once a day SUPPLEMENT
Senna - Senna 8.6MG; 1 TAB by mouth every other day BOWEL REGIMEN
ALBUTEROL 0.09 mg/inh 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs inhalation every 6 hours as needed for Wheezing. Commonly known as: VENTOLIN HFA
SOB
Kovanaze - Oxymetazoline Hydrochloride: Tetracaine Hydrochloride 0.05% nasal twice a day Use 2 sprays in each nostril for 3 days for nosebleed
LIDOCAINE Patch 4% / Place 1 patch onto the skin topical every 24 hours
pain

14. DME and Supplies:

bath bench, wheelchair, walker, cane

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, anticoagulant precautions, activity supervision

16. Nutrition:

renal diet, cardiac diet

17. Allergies:

amlodipine covide-19 mrna vaccine lisinopril sulfa antibiotics aspirin biaxin darv

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Walker, Cane, 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: 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 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal 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 an 82-year-old female admitted to home health services following a recent hospitalization for shortness of breath, acute-on-chronic volume overload, pulmonary edema, and right pleural effusion. Diagnostic evaluation included a chest X-ray demonstrating pulmonary venous congestion with bilateral pleural effusions, greater on the right than the left, and the patient subsequently underwent thoracentesis. Her extensive past medical history is significant for end-stage renal disease (ESRD) requiring hemodialysis three times weekly (Monday, Wednesday, and Friday), severe pulmonary hypertension, heart failure with preserved ejection fraction (HFpEF), chronic hypotension, type 2 diabetes mellitus with hyperglycemia and diabetic complications including proliferative retinopathy and polyneuropathy, paroxysmal atrial fibrillation with complete AV block status post pacemaker placement, chronic thrombocytopenia, hyperlipidemia, gastroesophageal reflux disease (GERD), mood disorder, gout, renal mass, recurrent epistaxis, and pulmonary edema. The patient has established advance directives and is designated as DNR/DNI, Option A2. Upon skilled nursing assessment, the patient was alert and oriented to person, place, and time and denied pain at the time of the visit. Respiratory assessment revealed expiratory wheezing on auscultation. The patient reported a good appetite, and her last bowel movement occurred on the day of assessment. She is oliguric and reports no longer producing significant urine output. Examination of the left

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharon Chung
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045

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 : 06/04/2026

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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upper extremity arteriovenous dialysis access revealed a positive bruit and thrill, indicating a patent access site. Bilateral trace lower extremity edema was present, greater on the right than the left. The patient ambulates with a rollator walker for safety and stability. The patient reported a recent history of worsening shortness of breath, dizziness, progressive dyspnea with minimal exertion, increasing bilateral lower extremity edema, and weight gain prior to hospitalization. She has experienced difficulty tolerating adequate ultrafiltration during dialysis treatments due to severe intradialytic hypotension despite treatment with metolazone and midodrine. She remains adherent to prescribed fluid restrictions and is no longer receiving diuretic therapy due to absent urine output. Given her complex cardiopulmonary and renal conditions, she remains at high risk for recurrent fluid overload, respiratory compromise, and hospitalization. Medication reconciliation was completed during the visit. Skilled nursing provided comprehensive education regarding all prescribed medications, including dosage, frequency, intended purpose, and potential side effects. Additional teaching focused on recognition of signs and symptoms of bleeding due to her history of thrombocytopenia and anticoagulation-related risks. Disease process education was initiated regarding pulmonary hypertension, pulmonary venous congestion, fluid management, and monitoring for worsening respiratory symptoms, including increased shortness of breath, edema, weight gain, or signs of fluid overload. The patient verbalized understanding of the education provided. Occupational therapy evaluation noted that the patient currently requires minimal assistance with bathing and supervision to independence for the remainder of her basic activities of daily living. The patient reports intermittent tingling in the left hand and occasionally in the right hand. Her physician has recommended walking for 10 to 15 minutes daily as tolerated. Due to decreased activity tolerance, multiple chronic medical conditions, and recent hospitalization, skilled occupational therapy services are medically necessary to prevent further deconditioning, improve endurance and functional activity tolerance, maximize independence with daily activities, and enhance overall quality of life. The patient remains homebound due to significant cardiopulmonary disease, ESRD requiring ongoing hemodialysis, impaired endurance, dyspnea with exertion, lower extremity edema, chronic hypotension, and the need for an assistive device for safe ambulation. Skilled nursing services are required for continued cardiopulmonary assessment, dialysis access monitoring, medication management, disease process education, and early identification of complications. Skilled therapy services are indicated to address deficits in endurance, functional mobility, activity tolerance, and safety while promoting independence and reducing the risk of rehospitalization.
 Date of Order 06/11/2026 Orders Physician Face-to-Face Date: 06/04/2026 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 with stage 5 chronic kidney disease, or end stage renal 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 OT Eval Notes:
 Physician Chung, Sharon

SN Careplans

SN WK1: 1 (06/11/26-06/13/26) ,WK2: 2 (06/14/26-06/20/26) ,WK3: 2 (06/21/26-06/27/26) ,WK4: 2 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 1 (07/19/26-07/25/26) ,WK8: 1 (07/26/26-08/01/26) ,WK9: 1 (08/02/26-08/08/26)

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, 9. Other risk(s) not listed in 1- 8

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:MOLST DNR DNI OPTION A2

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, lung sounds not clear, dependent edema, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, balance deficit

SN Goals

PATIENT-STATED GOAL: to get better and stronger

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

meal preparation is available to patient for all meals

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/11/2026

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PROCEDURES: cough/deep breathing exercises, monitor dialysis schedule: .

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, * 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, meal preparation is available to patient for all meals

OT Careplans

OT WK1: 4 (06/10/26-06/13/26) ,WK2: 4 (06/14/26-06/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Improve UE strength : for shoulder, wrist and elbow, cough/deep breathing exercises, incentive spirometer, home exercise program: exe for shoulder, elbo and wrist, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, 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 - 03. Partial/moderate assistance, 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 functioning better

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

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

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 - 03. Partial/moderate 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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