Home Health Certification and Plan of Care

Order ID: 1150/19028

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1X36QM8JV58	05/21/2026	From: 05/21/2026 To: 07/19/2026	25358	217058

6. Patient's Name and Address

Jean Grier
3814 Sequoia Avenue,
BALTIMORE, MD 21215-
646-750-6061

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 01/15/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/21/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	05/21/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	05/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/21/26
E78.5	Hyperlipidemia unspecified	05/21/26
E55.9	Vitamin D deficiency unspecified	05/21/26
R91.1	Solitary pulmonary nodule	05/21/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/21/26
Z87.440	Personal history of urinary (tract) infections	05/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/21/26
Z79.82	Long term (current) use of aspirin	05/21/26
Z79.4	Long term (current) use of insulin	05/21/26
Z95.5	Presence of coronary angioplasty implant and graft	05/21/26

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

ASPIRIN Chewable 81 mg / 1 Tablet by mouth once a day for CVA
CLOPIDOGREL 75 mg tablet by mouth once a day for CVA
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for anemia
LOSARTAN POTASSIUM 25 mg / 1 Tablet by mouth once a day for HTN
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 25 MG / 1 Tablet by mouth once a day for hypertension
ROSUVASTATIN CALCIUM 40 mg / 1 Tablet by mouth at bedtime for lipid control
insulin glargine-yfgn Solution pen-injector 100 UNIT/ML / Inject 16 units subcutaneous at bedtime for DM
Humalog - Insulin Lispro Recombinant 100 UNIT/ML / Inject 8 units subcutaneous before meal for diabetes and at bedtime for DM. Inject as per sliding scale: if 0 - 200 = 0; 201 - 250 = 2 subcutaneous; 251 - 300 = 4 subcutaneous; 301 - 350 = 6 subcutaneous; 351 - 400 = 8 subcutaneous call MD/NP for BS less than 60 and above

14. DME and Supplies:

walker, diabetic supplies

15. Safety Measures:

standard precautions, walker precautions, diabetic precautions, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

empagliflozin fluoride lisinopril morphine lantus lipitor latex

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, 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 Type 2 diabetes mellitus with hyperglycemia, 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: Patient is alert and oriented to person and partially to place/time (A&O x1-2) with noted confusion. Past medical history includes diabetes mellitus, hypertension, cerebrovascular accident (CVA), coronary artery disease (CAD), and generalized weakness. Skin is dry and intact. Patient ambulates with the assistance of a device for mobility and safety. Medication box was filled and organized by the patient's daughter. Blood glucose level was 186 this morning. Patient denies pain or discomfort, and no signs or symptoms of shortness of breath were noted. Bowel sounds are present in all four quadrants. Overall condition remains stable at this time.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/21/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/25/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Type 2 diabetes mellitus with hyperglycemia
 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> Physician: Chia, Patience

SN Careplans

SN WK1: 1 (05/21/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK5: 1 (06/14/26-06/20/26) ,WK7: 1 (06/28/26-07/04/26) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/18/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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; 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.

SN Goals

PATIENT-STATED GOAL: To do something enjoyable outside of the home

GOALS
patient/caregiver recalls
* strategies to increase socialization
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Patience Chia
3310 Eastern Avenue
Baltimore, MD 21244
PHONE: 2407440001 FAX: 18882060912 NPI: 1427664200

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 : 04/25/2026

27. Attending Physician's Signature and Date Signed **06/04/2026** 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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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:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, D0700 - Social Isolation, meal preparation, M1400 - Dyspnea, tarry/bloody stools, muscle weakness, B0200 - Hearing Deficit, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, 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

meal preparation is available to patient for all meals

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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/21/2026