Home Health Certification and Plan of Care

Order ID: 1150/20013

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
93335802	06/22/2026	From: 06/22/2026 To: 08/20/2026	26800	217058

6. Patient's Name and Address

Sally McGinnis
15 Nightengale Way Apt A1,
LUTHERVILLE TIMONIUM, MD 21093-
407-443-7872

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 01/13/1937 | **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	06/22/26

13. ICD	Other Pertinent Diagnoses	Date
I50.43	Acute on chronic combined systolic and diastolic hrt fail	06/22/26
N18.32	Chronic kidney disease stage 3b	06/22/26
J96.21	Acute and chronic respiratory failure with hypoxia	06/22/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/22/26
I73.9	Peripheral vascular disease unspecified	06/22/26
I25.2	Old myocardial infarction	06/22/26
M17.0	Bilateral primary osteoarthritis of knee	06/22/26
G62.9	Polyneuropathy unspecified	06/22/26
E78.5	Hyperlipidemia unspecified	06/22/26
I44.7	Left bundle-branch block unspecified	06/22/26
F39.	Unspecified mood [affective] disorder	06/22/26
F32.A	Depression unspecified	06/22/26
R73.03	Prediabetes	06/22/26
R41.9	Unsp symptoms and signs w cognitive functions and awareness	06/22/26
E66.3	Overweight	06/22/26
Z68.27	Body mass index [BMI] 27.0-27.9 adult	06/22/26
Z95.1	Presence of aortocoronary bypass graft	06/22/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/22/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	06/22/26
Z79.82	Long term (current) use of aspirin	06/22/26

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

ALBUTEROL 108 (90 BASE) mcg/act aerosol solution / Take 2 puffs by inhalation every 6 hours as needed Shortness of breath
sacubitril-valsartan 49-51 MG tablet 1 Tablet by mouth 2 times daily HTN
ROSUVASTATIN CALCIUM 40 MG tablet by mouth nightly Cholesterol
Metoprolol Succinate - Metoprolol Succinate ER 50 mg / 3 Tablets by mouth daily HTN
EZETIMIBE 10 MG tablet by mouth daily Cholesterol
CLOPIDOGREL 75 mg tablet by mouth daily Blood thinner
ESCITALOPRAM 10 mg / 1 Tablet by mouth daily Depression
FAMOTIDINE 40 MG tablet by mouth daily Gerd
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 MCG Tablet by mouth daily Supplement
SPIRONOLACTONE 25 mg/tablet / Take 12.5 mg by mouth daily Fluid retention
Empagliflozin 10 mg / 1 Tablet by mouth once a day Take additional 5mg tablet for a total of 15mg for CHF
ASPIRIN 81 mg / 1 Tablet by mouth daily Heart health
LATANOPROST 0.005 % ophthalmic solution / Place 1 drop into the left eye nightly Glaucoma

14. DME and Supplies:

wheelchair, rolling walker, 4 wheeled walker

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, fall precautions, emergency phone number prominently displayed, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium

17. Allergies:

sulfa drugs

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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 06/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mary Varkey
1447 York Rd
Lutherville, MD 21093
PHONE: 410-847-3000 FAX: 18554160890 NPI: 1922005131

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 : 06/08/2026

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) was completed for this 89-year-old female following recent hospitalization for a congestive heart failure (CHF) exacerbation. Her past medical history is significant for chronic kidney disease (CKD), hypertension (HTN), hyperlipidemia (HLD), peripheral vascular disease (PVD), and CHF. Prior to hospitalization, the patient ambulated independently with a single-point cane (SPC), although recent CHF exacerbations had resulted in a gradual decline in mobility. At the time of assessment, she demonstrated bilateral lower extremity weakness (3-/5 manual muscle testing), requiring contact guard assistance (CGA) for transfers and short-distance ambulation using a rollator, with occasional use of an SPC. The patient presents with decreased strength, balance, and functional mobility compared to her prior level of function and would benefit from skilled physical therapy to improve strength, balance, safety, and independence with functional mobility to facilitate a return to her prior level of function.
<o:p></o:p> Date of Order<o:p></o:p> 06/22/2026<o:p></o:p> Physician Face-to-Face Date: 06/08/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<o:p></o:p> 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 - PT Notes:<o:p></o:p> Physician: Varkey, Mary

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/22/26-06/27/26) ,WK3: 1 (07/05/26-07/11/26) ,WK5: 1 (07/19/26-07/25/26) ,WK7: 1 (08/02/26-08/08/26) ,WK9: 1 (08/16/26-08/20/26)

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

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 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.

PT Goals

PATIENT-STATED GOAL: To be able to take a walk outside

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

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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/22/2026

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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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, limited strength, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed, equipment training, work simplification/energy conservation, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal 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

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/22/2026