Home Health Certification and Plan of Care

Order ID: 1150/20198

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32100457	06/30/2026	From: 06/30/2026 To: 08/28/2026	27528	217058

6. Patient's Name and Address

Joan Nivens
4503 Long Green Road,
Glen Arm, MD 21057-
410-698-5447

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 09/21/1932 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	06/30/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	06/30/26
S80.02XD	Contusion of left knee subsequent encounter	06/30/26
I48.0	Paroxysmal atrial fibrillation	06/30/26
G30.9	Alzheimer's disease unspecified	06/30/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/30/26
E78.2	Mixed hyperlipidemia	06/30/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/30/26
L85.3	Xerosis cutis	06/30/26
I83.90	Asymptomatic varicose veins of unspecified lower extremity	06/30/26
I70.0	Atherosclerosis of aorta	06/30/26
K22.70	Barrett's esophagus without dysplasia	06/30/26
M50.30	Other cervical disc degeneration unsp cervical region	06/30/26
J43.9	Emphysema unspecified	06/30/26
M79.7	Fibromyalgia	06/30/26
N39.3	Stress incontinence (female) (male)	06/30/26
I08.0	Rheumatic disorders of both mitral and aortic valves	06/30/26
B35.1	Tinea unguium	06/30/26
M19.041	Primary osteoarthritis right hand	06/30/26
M19.042	Primary osteoarthritis left hand	06/30/26
M19.012	Primary osteoarthritis left shoulder	06/30/26
M85.80	Oth disrd of bone density and structure unspecified site	06/30/26
E66.01	Morbid (severe) obesity due to excess calories	06/30/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	06/30/26
Z79.01	Long term (current) use of anticoagulants	06/30/26
Z91.81	History of falling	06/30/26

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

Cozaar - Losartan Potassium 25 MG / 1 Tablet by mouth once a day
Cymbalta - Duloxetine Hydrochloride SR 20 mg/capsule / Take 3 capsules by mouth once a day
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) / 1 Capsule by mouth once a week every Friday
Pepcid - Famotidine 20 MG / 1 Tablet by mouth twice a day for GERD
Pradaxa - Dabigatran Etexilate Mesylate 150 MG / 1 Capsule by mouth twice a day
Neurontin - Gabapentin 600 mg/tablet / Take 2 tablets by mouth twice a day
Aricept - Donepezil Hydrochloride 10 MG / 1 Tablet by mouth in the evening
Lipitor - Atorvastatin Calcium 80 MG Tablet by mouth once a day
Kenalog - Triamcinolone Acetonide 0.1 % Top Oint / Apply to affected area(s) topical twice a day
Loprox - Ciclopirox 0.77 % Top Cream / Apply to affected area(s) topical twice a day
Voltaren - Diclofenac Sodium Arthritis Pain 1 % Top Gel / Apply 4 g to affected area(s) topical twice a day
Lidocaine (ANECREAM5) Top Cream 5% / Apply to affected area(s) topical as necessary 2 times a day
Urea (CARMOL 20) Top Cream 20 % / Apply to affected area(s) topical twice a day KERATOLYTIC AGENT

14. DME and Supplies:
commode, cane, walker

15. Safety Measures:
standard precautions, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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 a 93-year-old female with a past medical history significant for Alzheimer's disease, paroxysmal atrial fibrillation on anticoagulation therapy, heart failure with preserved ejection fraction (HFpEF), hypertension, emphysema, fibromyalgia, cervical degenerative disc disease, hyperlipidemia, and a moderate fall risk. She was referred for skilled home health physical therapy evaluation following a recent mechanical fall associated with an unsteady shuffling gait, progressive decline in mobility, and increased risk for recurrent falls. The patient remains homebound due to impaired mobility, generalized bilateral lower extremity weakness, impaired balance, decreased transfer safety, and the considerable and taxing effort required to safely leave the home. Physical therapy evaluation revealed bilateral lower extremity weakness, impaired balance, altered gait mechanics requiring the use of a walker, decreased transfer safety, and reduced functional mobility. These deficits result in difficulty with household ambulation and functional transfers, significantly increasing the patient's risk for recurrent falls, injury, hospitalization, and further functional decline. Additionally, the patient's cognitive impairment secondary to Alzheimer's disease and anticoagulation therapy for atrial fibrillation further increase her risk for serious complications should another fall occur. Skilled home health physical therapy is medically necessary to improve lower extremity strength, balance, gait mechanics, transfer safety, functional mobility, and overall independence.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nkiruka Obioha
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 4108473000 FAX: 8554160980 NPI: 1073650024

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 : 06/25/2026

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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Interventions will focus on therapeutic exercise, gait and balance training, transfer training, fall prevention strategies, home safety education, and development of an individualized home exercise program to maximize functional independence, reduce fall risk, prevent further decline, and enable the patient to safely remain in her home environment.
 Date of Order 06/30/2026 Orders Physician Face-to-Face Date: 06/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Hypertensive heart disease with heart failure 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 - PT Notes: soc
 Physician Obioha, Nkiruka

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/30/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26) ,WK7: 1 (08/09/26-08/15/26)

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: 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

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

PT Goals

PATIENT-STATED GOAL: To walk with a FWW/rollator safely indoors

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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

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

Chair to Bed to Chair - 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

4 Steps - 04. Supervision or touching assistance

12 Steps - 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/30/2026

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alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), 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, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M1700 - Cognition, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, limited strength, balance deficit

PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day, equipment training, 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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 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 - 05. Setup or clean-up 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, Eating - 06. Independent

Toileting Hygiene - 05. Setup or clean-up 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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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