Home Health Certification and Plan of Care

Order ID: 1150/20224

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
51197387	07/01/2026	From: 07/01/2026 To: 08/29/2026	14918	217058

6. Patient's Name and Address
Ida Barnes
2519 Thornbury Dr,
Edgewood, MD 21040-
443-431-4487

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 10/28/1961 | **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	07/01/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	07/01/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/01/26
N18.6	End stage renal disease	07/01/26
D63.1	Anemia in chronic kidney disease	07/01/26
G92.8	Other toxic encephalopathy	07/01/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/01/26
K76.0	Fatty (change of) liver not elsewhere classified	07/01/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/01/26
E89.0	Postprocedural hypothyroidism	07/01/26
G89.29	Other chronic pain	07/01/26
E21.3	Hyperparathyroidism unspecified	07/01/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	07/01/26
M19.90	Unspecified osteoarthritis unspecified site	07/01/26
J30.2	Other seasonal allergic rhinitis	07/01/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/01/26
E78.5	Hyperlipidemia unspecified	07/01/26
F17.210	Nicotine dependence cigarettes uncomplicated	07/01/26
Z99.2	Dependence on renal dialysis	07/01/26
Z79.4	Long term (current) use of insulin	07/01/26
Z79.82	Long term (current) use of aspirin	07/01/26
Z86.79	Personal history of other diseases of the circulatory system	07/01/26
Z87.440	Personal history of urinary (tract) infections	07/01/26

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

Calcium Acetate - Calcium Acetate 1,334 mg , Tablet by mouth three times a day daily WC
Atorvastatin - Atorvastatin Calcium 40 Mg, Tablet by mouth at bedtime Cholesterol
Amlodipine - Amlodipine Besylate 5 mg, Tablet by mouth once a day Blood pressure
Aspirin 81Mg - Aspirin 81 Mg, Tablet by mouth once a day Heart
Gabapentin - Gabapentin 100 Mg, Tablet by mouth once a day Nerves
Furosemide - Furosemide 40 mg , Tablet by mouth once a day Cardiac overload
Labetalol - Labetalol Hydrochloride 400 Mg, Tablet by mouth twice a day Heart
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tablet by mouth once a day
Zanaflex - Tizanidine Hydrochloride eq 4 mg base 1 tablet by mouth every 8 hours
Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 2 mg;0.5 mg 1 tablet by mouth three times a day
Basaglar - Insulin Glargine 20 Units , Injection subcutaneous at bedtime
Basaglar - Insulin Glargine 10 Units , Injection subcutaneous once a day 1X daily QAM for diabetes
Nicotine Patch - Nicotine Patch 1 Patch transdermal once a day 1X daily QAM. for smoking cessation

14. DME and Supplies:
walker, wheelchair, rolling walker, grab bars, hospital bed, cane, bath bench,

15. Safety Measures:
fall precautions

16. Nutrition:
diabetic

17. Allergies:
sulfa antibiotics

18.A. Functional Limitations
Amputation!Endurance!Dyspnea With Minimal Exertion!Ambulation

18.B. Activities Permitted
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: No

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
family/caregiver 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 a 64-year-old female referred to home health services following hospitalization for hypertensive heart disease and end-stage renal disease (ESRD) requiring hemodialysis three times weekly (Monday, Wednesday, and Friday). The patient is status post right great toe amputation and is currently weight bearing as tolerated (WBAT) while wearing a cast shoe. Her past medical history is significant for hypertensive heart disease, ESRD on hemodialysis, diabetes mellitus, arthritis, chronic kidney disease, essential hypertension, hyperlipidemia, hypothyroidism, gastroesophageal reflux disease (GERD), neuropathy, chronic back pain, sciatica, seizure disorder, seasonal allergies, brain aneurysm, disorder of the kidney and ureter, and tobacco use disorder. Past surgical history includes right great toe amputation, thyroidectomy, brain surgery, bilateral carpal tunnel release, and laparoscopic peritoneal catheter insertion. The patient resides in a single-family home with her daughter and family and is currently set up on the first floor, which includes access to a full bathroom. Although a hospital bed is available, the patient reports sleeping in a recliner. The home environment includes one step to access the bedroom and bathroom area and one step to exit the home. Prior to hospitalization, the patient was independent with basic self-care activities, functional transfers, and household functional mobility. She had access to and utilized multiple durable medical equipment items, including a wheelchair, motorized scooter/electric wheelchair, rolling walker, single-point cane, and shower chair. Upon assessment, the patient demonstrates significant impairments in functional mobility and safety. She presents with difficulty performing transfers and

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 06/24/2026

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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ambulation characterized by a wide base of support, unsteady gait, decreased bilateral foot clearance, and a flexed trunk posture during gait. Balance is significantly impaired, as evidenced by a Tinetti Balance and Gait Assessment score of 12/28, indicating a high fall risk, and a Timed Up and Go (TUG) score of 92 seconds, reflecting markedly impaired mobility and increased risk for falls. The patient reports primarily using her electric wheelchair for mobility both within the home and in the community, while intermittently ambulating short distances with a single-point cane and occasionally a rolling walker. Additional deficits include decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, decreased lower extremity strength, impaired endurance, and limited overall activity tolerance. These impairments have resulted in decreased independence with self-care activities, functional transfers, and functional ambulation compared to her prior level of function. Based on the comprehensive assessment, the patient demonstrates good rehabilitation potential and is an appropriate candidate for skilled home health physical and occupational therapy services. Skilled physical therapy is indicated to address deficits in balance, lower extremity strength, gait mechanics, transfer training, endurance, functional mobility, and fall prevention with the goal of improving safety and maximizing independence with mobility. Skilled occupational therapy is recommended to address deficits in standing balance, standing tolerance, upper extremity strength, activity tolerance, functional transfers, activities of daily living (ADLs), and overall functional independence to facilitate a safe return to the patient's prior level of function within the home environment. Continued interdisciplinary home health services will focus on improving functional performance, promoting safety, reducing fall risk, and maximizing the patient's independence while accommodating her complex medical conditions and ongoing hemodialysis schedule.
 Date of Order 07/01/2026 Orders Physician Face-to-Face Date: 06/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: 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 - OT Notes: soc - OT PT Eval Notes:
 Physician Lee, Shirley

SN Careplans

SN Goals

PT Careplans

PT WK2: 2 (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) ,WK8: 1 (08/16/26-08/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, home exercise program: Supine tes as needed, Heelslides, saq, SLR, quad sets, seated laq, hip flexion, hip abduction, heelraises and toe raises 2-3x10 assist as needed, dynamic standing balance exercises: Balance trg exercises to promote improved reaction time and use hip ankle step strategies, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Pt reported to be able to enter and exit her home easier, improve strength and balance

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

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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OT WK1: 1 (07/01/26-07/04/26) ,WK3: 1 (07/12/26-07/18/26) ,WK5: 1 (07/26/26-08/01/26) ,WK7: 1 (08/09/26-08/15/26) ,WK9: 1 (08/23/26-08/28/26)

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

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:N/A

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, obesity

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, deltoid raises, biceps curls, wheelchair press-ups 2-3 sets of 8-10 repetitions, equipment training, work simplification/energy conservation, transfers training, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, coordinate/arrange for maintenance of clean/uncluttered living area

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Walk 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

Shower/Bathe Self - 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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
07/01/2026