Home Health Certification and Plan of Care

Order ID: 1150/19651

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CE7QX0QH67	06/03/2026	From: 06/03/2026 To: 08/01/2026	26242	217058

6. Patient's Name and Address

Pamela Taylor
39 MARGATE ROAD,
LUTHERVILLE TIMONIUM, MD 21093-
410-963-7754

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 06/09/1948 | **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	06/03/26

13. ICD	Other Pertinent Diagnoses	Date
I50.31	Acute diastolic (congestive) heart failure	06/03/26
N18.9	Chronic kidney disease u	06/03/26
D63.1	Anemia in chronic kidney disease	06/03/26
I73.9	Peripheral vascular disease unspecified	06/03/26
J44.9	Chronic obstructive pulmonary disease unspecified	06/03/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/03/26
I48.0	Paroxysmal atrial fibrillation	06/03/26
I42.9	Cardiomyopathy unspecified	06/03/26
E43.	Unspecified severe protein-calorie malnutrition	06/03/26
J90.	Pleural effusion not elsewhere classified	06/03/26
K92.1	Melena	06/03/26
I25.2	Old myocardial infarction	06/03/26
E05.90	Thyrotoxicosis unsp without thyrotoxic crisis or storm	06/03/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	06/03/26
Z90.49	Acquired absence of other specified parts of digestive tract	06/03/26
Z95.5	Presence of coronary angioplasty implant and graft	06/03/26
Z87.891	Personal history of nicotine dependence	06/03/26

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 for Wheezing Commonly known as: VENTOLIN HFA
Amiodarone - Amiodarone Hydrochloride 200 mg / 1 Tablet by mouth every other day ALTERNATE WITH 100MG Commonly known as: CORDARONE
Amiodarone Hcl - Amiodarone Hydrochloride 100mg-1/2 tab by mouth once a day Every other day
CLOPIDOGREL 75 mg / 1 Tablet by mouth daily Commonly known as: Plavix
Pantoprazole - Pantoprazole Sodium Delayed Release 40 mg / 1 Tablet by mouth twice a day Commonly known as: PROTONIX
Metoprolol Succinate - Metoprolol Succinate 0 Extended Release 24 Hour 25 MG / 1 Tablet by mouth nightly Commonly known as: TOPROL XL
SPIRONOLACTONE 25 mg / 1 Tablet by mouth daily Commonly known as: ALDACTONE
Empagliflozin 10 mg / 1 Tablet by mouth once a day Commonly known as: JARDIANCE
TORSEMIDE 20 mg / 1 Tablet by mouth daily Take extra 20 mg for weight gain of 2-3 pounds in 5 days. Commonly known as: DEMADEX
EZETIMIBE 10 mg tablet by mouth daily Commonly known as: ZETIA
ROSUVASTATIN CALCIUM 20 mg tablet by mouth nightly Commonly known as: CRESTOR
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) Tabs / Take 2,000 Units by mouth once a day
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 mcg tablet by mouth once a day Commonly known as: CYANOCOBALAMIN
IRON 325 mg by mouth daily
Fluticasone-Umeclidin-Vilant 100-62.5-25 MCG/ACT Aepb inhaler / Take 1 puff inhalant once a day Commonly known as: Trelegy Ellipta
NITROGLYCERIN 0.4 mg tablet under the tongue every 5 min as needed for Chest Pain Commonly known as: NITROSTAT

14. DME and Supplies:

bath bench, walker

15. Safety Measures:

O2 precautions, walker precautions, fall precautions, medication safety, bathroom safety, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

atorvastatin ceclor statins simvastatin

18.A. Functional Limitations

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: 1. In new or complex situations only, 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

SN: family/caregiver will be responsible for managing treatment PT: patient will

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 06/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Inna Gendelsman
1734 York Rd
Lutherville, MD 21093
PHONE: 4102522273 FAX: 14103859393 NPI: 1912930108

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 : 06/01/2026

27. Attending Physician's Signature and Date Signed **06/17/2026**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/19651

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CE7QX0QH67	06/03/2026	From: 06/03/2026 To: 08/01/2026	26242	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Pamela Taylor 39 MARGATE ROAD, LUTHERVILLE TIMONIUM, MD 21093- 410-963-7754	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 78-year-old female with a significant past medical history of coronary artery disease status post cardiac stent placement, cardiomyopathy, chronic obstructive pulmonary disease (COPD), heart failure with preserved ejection fraction (HFpEF), peripheral vascular disease (PVD), hypertension, prior myocardial infarction, and a recent gastrointestinal bleed. She was admitted to home health services following a short stay at an acute care facility due to shortness of breath, generalized fatigue, intermittent black stools, and a recent CHF exacerbation. Upon assessment, the patient was seated in a recliner, alert but mildly distressed, reporting persistent cough and shortness of breath. Oxygen saturation was 93-94% on 1.5 L/min oxygen via nasal cannula, and lung sounds were coarse bilaterally. The patient was instructed on proper use of her rescue inhaler and incentive spirometer, resulting in improved respiratory comfort and productive expectoration of moderate amounts of clear mucus by the end of the visit. She denied pain, chest pain, dizziness, nausea, vomiting, or current gastrointestinal symptoms. The patient was oriented to person and place but demonstrated mild cognitive impairment, unable to recall the current day or month. Skin assessment revealed poor turgor, scattered bruising, and healing ruptured blood blisters covered with clean dressings. Her nephew lives nearby, assists with medication management using a biweekly pill organizer, and provides support as needed. Prior to hospitalization, the patient was largely independent with mobility, occasionally using a single-point cane and supplemental oxygen as needed. Currently, she demonstrates generalized weakness with bilateral lower extremity strength of 3-/5, requires supervision for transfers, contact guard assistance for short-distance ambulation with a single-point cane, and continuous oxygen therapy at 1.5 L/min. Functional limitations are primarily related to dyspnea on exertion, fatigue, decreased strength, and impaired endurance. Skilled nursing and physical therapy services are medically necessary to address cardiopulmonary status, strength deficits, balance, endurance, functional mobility, safety, and disease management in order to maximize independence, reduce fall risk, and prevent rehospitalization.<o:p></o:p>   Date of Order<o:p></o:p> 06/03/2026
Order<o:p></o:p> Physician Face-to-Face Date: 06/01/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management 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 - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Gendelsman, Inna

SN Careplans

SN WK1: 1 (06/03/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26)

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: 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

SN Goals

PATIENT-STATED GOAL: "I want this cough to go away."

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 increase socialization
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient is adequately supervised

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/03/2026

Home Health Certification and Plan of Care

Order ID: 1150/19651

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CE7QX0QH67	06/03/2026	From: 06/03/2026 To: 08/01/2026	26242	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Pamela Taylor 39 MARGATE ROAD, LUTHERVILLE TIMONIUM, MD 21093- 410-963-7754	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, D0700 - Social Isolation, M2020 - Oral Med Management, coughing, M1400 - Dyspnea, lung sounds not clear, delayed capillary refill, tarry/bloody stools, limited endurance, limited strength, muscle weakness, balance deficit, open sores/lesions, pallor, discolored patches of skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply compression bandage, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities

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, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation

treatments with adequate competence, GI-specific diet including appropriate food choices, stress management, exercise and home remedies to manage GI condition

PT Careplans

PT WK1: 1 (06/03/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, 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 PATIENT/CAREGIVER: 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, 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 - 04. Supervision or touching 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

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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

Picking Up Object - 04. Supervision or touching 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 - 04. Supervision or touching assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/03/2026

Home Health Certification and Plan of Care

Order ID: 1150/19651

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3CE7QX0QH67	06/03/2026	From: 06/03/2026 To: 08/01/2026	26242	217058

6. Patient's Name and Address

Pamela Taylor
39 MARGATE ROAD,
LUTHERVILLE TIMONIUM, MD 21093-
410-963-7754

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

12 Steps - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/03/2026