Home Health Certification and Plan of Care

Order ID: 1150/19693

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	02/16/2026	From: 06/16/2026 To: 08/14/2026	20005	217058

6. Patient's Name and Address

Diane Fickus
11607 Bonaparte Ave,
WHITE MARSH, MD 21162-
937-430-9230

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 07/08/1949 | **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	02/16/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	02/16/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/16/26
N18.32	Chronic kidney disease stage 3b	02/16/26
I48.0	Paroxysmal atrial fibrillation	02/16/26
J96.11	Chronic respiratory failure with hypoxia	02/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/16/26
I35.0	Nonrheumatic aortic (valve) stenosis	02/16/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	02/16/26
E78.5	Hyperlipidemia unspecified	02/16/26
I27.20	Pulmonary hypertension unspecified	02/16/26
E83.51	Hypocalcemia	02/16/26
E87.6	Hypokalemia	02/16/26
I34.0	Nonrheumatic mitral (valve) insufficiency	02/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/16/26
R32.	Unspecified urinary incontinence	02/16/26
E66.01	Morbid (severe) obesity due to excess calories	02/16/26
Z68.44	Body mass index [BMI] 60.0-69.9 adult	02/16/26
Z79.01	Long term (current) use of anticoagulants	02/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/16/26
Z99.81	Dependence on supplemental oxygen	02/16/26

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

Diltiazem Hydrochloride - Diltiazem Hydrochloride 120 mg 120 MG , Give 120 mg Tablet by mouth twice a day Dilt-XR Orel Capsule Extended Release 24 Hour 120 MG (Diltiazem HCl) Give 120 mg by mouth two times a day for HTN hold for SBP less than 100 and HR less than 60
Glipizide - Glipizide 10 mg 10MG; 1 TAB by mouth twice a day DM
Torsemide - Torsemide 20 mg 20 MG by mouth once a day EDEMA
1 TAB THEN SKIP A DAY
2 TABS THEN SKIP A DAY
Oxybutynin - Oxybutynin 5MG; 1 TAB by mouth once a day OVERACTIVE BLADDER
Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 20 mg Tablet by mouth at bedtime Atorvastatin Calcium Oral Tablet 20 MG (Atorvastatin Calcium) Give 20 mg by mouth at bedtime for HLD
Melatonin - Melatonin 5 Mg, Give 5 mg tablet by mouth at bedtime Melatonin Oral Tablet 5 MG (Melatonin) Glive 5 mg by mouth at beatime for INSOMNIA
Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 5-325 MK3, Give 1 tablel by mouth every 6 hours for MODERATE PAIN
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) , Give 1 capsule by mouth once a day Cholecalciferol Oral Capsule 50 MCG (2000 UT) (Cholecalciferol) Give 1 capsule by mouth one time a day for supplement
Famotidine - Famotidine 20 mg 20 MG, Give 1 tablet by mouth twice a day Famotidine Oral Tablet 20 MG (Famotidine) Give 1 tablet by mouth two times a day for GERD
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU (50MCG); 1 TAB by mouth once a day SUPPLEMENT
Gabapentin - Gabapentin 300 mg 300 MG Give 1 capsule by mouth twice a day NEUROPATHY PAIN
Colace - Docusate Sodium 50MG; 1 TAB by mouth as necessary FOR BOWEL REGIMEN
Warfarin - Warfarin Sodium 2.5 mg take 1.5 tablets by mouth two times per week On Sundays and Wednesday for blood thinner
Warfarin - Warfarin Sodium 2.5 mg take 1 tablet by mouth once a day for five days, (Mondays, Tuesdays, Thursdays, Fridays and Saturdays)
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 5MG by mouth every 8 hours
Ammonium Lactate - Ammonium Lactate eq 12 perc base 12% Apply to extremities lopically topical once a day Ammonium Lactate Cream 12% Apply to extremities lopically every day shift for dry skin SHAKE CREAM. EXTERNAL USE ONLY MAY CAUSE INCREASED PHOTOSESITIVITY
Lotrisone - Betamethasone Dipropionate: Clotrimazole 1-0.05% , Apply to under breasts topical as necessary Lotrisone Cream 1-0.05% (Clotetimazok Betamethasone) Apply to under breasts topically every day and evening shift for protection may apply non adherent dressing per pt request to prevent nostare

14. DME and Supplies:

rolling walker, wheelchair, grab bars, commode, bath bench, cane

15. Safety Measures:

wheelchair precautions, walker precautions, supervision at all times, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

amoxicillin reglan

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

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 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 06/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Baronas
8600 Lasalle Rd
Baltimore, MD 21286
PHONE: 4439214683 FAX: 14439214698 NPI: 1215071691

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 : 02/11/2026

27. Attending Physician's Signature and Date Signed **06/18/2026**: 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: 1150/19693

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	02/16/2026	From: 06/16/2026 To: 08/14/2026	20005	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Diane Fickus 11607 Bonaparte Ave, WHITE MARSH, MD 21162- 937-430-9230	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is being recertified due to generalized weakness and an increased risk of falls while on anticoagulation therapy. She is alert and oriented, with a routine blood glucose level of 176 and an INR of 2.0. She is currently taking 2.5 mg of warfarin, with a dosing schedule of 1.5 tablets on Wednesdays, Fridays, and Sundays, and 1 tablet on the remaining days; her INR is scheduled for recheck next week. Vital signs are within normal limits, and no new issues were observed. The patient ambulates with a walker and is morbidly obese, reporting severe pain. During the previous certification period in home care, she made some progress in functional mobility but continues to require stair and automobile transfer training. She is able to ascend and descend four steps with maximum assistance but requires further training to safely negotiate stairs and transfer into a car for medical appointments.
 Date of Order 06/11/2026 Orders Physician Face-to-Face Date: 02/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Patient has fair potential to benefit from further skilled therapeutic Intervention. Primary focus is on strengthening, balance, gait, sequencing and patient family education.
 Physician Baronas, James

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (06/16/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26)

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: Wfl

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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.

PT Goals

PATIENT-STATED GOAL: To walk longer distance within the home

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

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

Sit to Stand - 06. Independent

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 achieve wound healing including cleaning and dressing wound
* position changes

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/19693

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1KW3T27VH11	02/16/2026	From: 06/16/2026 To: 08/14/2026	20005	217058

6. Patient's Name and Address
Diane Fickus
11607 Bonaparte Ave,
WHITE MARSH, MD 21162-
937-430-9230

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

; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, swelling in the arms/legs, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, limited strength, balance deficit, obesity, pallor, hair loss, raised bumps that are red/white

PROCEDURES: physician-ordered wound care: #1 - Blister - Other - Medial aspect distal rle - Open blister skin layer is a Ready off notedscant serous fluid, physician-ordered wound care: No order listed, home exercise program: Laq, hip flexion, hip abduction, hamstring curls, heelraises, toe raises, hip extension, 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 medicatio, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up 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

* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
06/11/2026