Home Health Certification and Plan of Care

Order ID: 1150/20336

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49295057	07/07/2026	From: 07/07/2026 To: 09/04/2026	27646	217058

6. Patient's Name and Address
Glory Alston
4343 Mary Ridge Dr,
RANDALLSTOWN, MD 21133-
410-496-1053

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 12/18/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	07/07/26

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	07/07/26
N18.6	End stage renal disease	07/07/26
Z99.2	Dependence on renal dialysis	07/07/26
E78.5	Hyperlipidemia unspecified	07/07/26
G62.9	Polyneuropathy unspecified	07/07/26
F41.9	Anxiety disorder unspecified	07/07/26
F32.A	Depression unspecified	07/07/26
H10.9	Unspecified conjunctivitis	07/07/26
I08.8	Other rheumatic multiple valve diseases	07/07/26
M16.0	Bilateral primary osteoarthritis of hip	07/07/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	07/07/26
C90.00	Multiple myeloma not having achieved remission	07/07/26
F05.	Delirium due to known physiological condition	07/07/26
I89.0	Lymphedema not elsewhere classified	07/07/26
E66.9	Obesity unspecified	07/07/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	07/07/26
Z79.01	Long term (current) use of anticoagulants	07/07/26
Z91.81	History of falling	07/07/26

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

Isosorbide Mononitrate - Isosorbide Mononitrate 60 mg 60MG; 1 TAB by mouth once a day BLOOD PRESSURE
AMIODARONE 200 MG / 1 Tablet by mouth daily Commonly known as: CORDARONE
A FIB
ATORVASTATIN 20 MG tablet by mouth nightly Commonly known as: LIPITOR
CHOLESTEROL
RENA-VITE 1 MG / 1 Tablet by mouth daily before dinner.
SUPPLEMENT
ELIQUIS 5 MG tablet by mouth 2 times daily Generic drug: apixaban
A FIB
Dexamethasone - Dexamethasone 4 mg 4MG; 5 TABS by mouth as necessary PRIOR TO CHEMO
Metoprolol Tartrate - Metoprolol Tartrate 12.5 MG Tablet by mouth 2 times daily BLOOD PRESSURE/A FIB
Lokelma 10 g Pack by mouth every 48 hours On non dialysis days. Generic drug: sodium zirconium cyclosilicate
Zyrtec - Cetirizine Hydrochloride 10MG; 1 TAB by mouth as necessary PRIOR TO INFUSION/CHEMO
Acyclovir - Acyclovir 400 mg 400MG; 1/2 TAB by mouth twice a day
ANTIVIRAL
ESCITALOPRAM 5 mg 5 MG tablet mouth daily Commonly known as: LEXAPRO
DEPRESSION

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

15. Safety Measures:
standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, supervision at all times, anticoagulant precautions, activity supervision

16. Nutrition:
renal diet, cardiac diet

17. Allergies:
ace inhibitors hydralazine

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Cane, Exercises Prescribed, 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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Paroxysmal atrial fibrillation, 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 was recently hospitalized following falls and atrial fibrillation with rapid ventricular response (RVR) and is currently taking Eliquis. Past medical history includes end-stage renal disease (ESRD) on hemodialysis (Monday, Wednesday, and Friday), hypertension, recurrent falls, hyperkalemia, hypervolemia with pulmonary edema, elevated troponin, hyperlipidemia, bilateral lower extremity edema, and multiple myeloma currently being treated with chemotherapy under the care of Dr. Fay. The patient has a right chest tunneled dialysis catheter with the dressing clean, dry, and intact. The patient's daughter is visiting from New York and will be available for several weeks. Skilled nursing is ordered for 1 visit/week for 12 weeks, then 2 visits/week for 1 week, followed by 1 visit/week for 3 weeks, with PT/OT evaluations ordered. On assessment, the patient was alert and oriented 3, denied pain and shortness of breath, and had fine crackles auscultated in the right lower lung lobe. Bilateral lower extremity +1 to +2 edema and hyperpigmentation were noted. The patient reported a fair appetite, had a bowel movement today, and ambulates safely with a walker. Skilled nursing reviewed all medications, including dosages, frequencies, and potential side effects, and initiated education on atrial fibrillation and healthy food choices. The patient was receptive to all teaching and verbalized understanding.<o:p></o:p>   Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Laura Emmanuel-Allen
7141 Security Blvd
Woodlawn, MD 21044
PHONE: FAX: NPI: 1114312352

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 : 07/01/2026

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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Paroxysmal atrial fibrillation<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Emmanuel-Allen, Laura

SN Careplans

SN WK1: 1 (07/07/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 2 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 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: 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.

; 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, lung sounds not clear, dependent edema, M1033 - Exhaustion, M1400 - Dyspnea,

SN Goals

PATIENT-STATED GOAL: TO GET STRONGER

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/07/2026

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muscle weakness, limited strength, limited endurance, balance deficit, obesity, discolored patches of skin

PROCEDURES: cough/deep breathing exercises, monitor dialysis schedule: M,W,F

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/07/2026