Home Health Certification and Plan of Care

Order ID: 1150/20335

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36399733	05/13/2026	From: 07/12/2026 To: 09/09/2026	24155	217058

6. Patient's Name and Address
Norma Brooks
1030 East 33rd Street,
Baltimore, MD 21218-
443-562-7148

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 01/23/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/13/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/13/26
N18.32	Chronic kidney disease stage 3b	05/13/26
M17.0	Bilateral primary osteoarthritis of knee	05/13/26
E78.5	Hyperlipidemia unspecified	05/13/26
M85.80	Oth disrd of bone density and structure unspecified site	05/13/26
D72.829	Elevated white blood cell count unspecified	05/13/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	05/13/26
Z79.4	Long term (current) use of insulin	05/13/26
Z79.51	Long term (current) use of inhaled steroids	05/13/26
Z86.011	Personal history of benign neoplasm of the brain	05/13/26

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

Atenolol - Atenolol 25 mg / 1 tablet by mouth once a day
Januvia - Sitagliptin Phosphate 50 mg / 1 tablet by mouth once a day
LISINOPRIL 20 mg / 1 tablet by mouth once a day
TRAMADOL 50mg/tablet / take 0.5 tablet by mouth as necessary take every 12 hours PRN
Apresazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 mg;25 mg 25mg=1tablet by mouth three times a day
Ezetimibe - Ezetimibe 10 mg 10mg=1tablet by mouth once a day
HUMALOG 100 units / ml / inject 4 units subcutaneous three times a day with meals
Lantus Solostar - Insulin Glargine Recombinant 100 unit / ml / inject 10 units subcutaneous in the evening
Ozempic 4 mg / 3 ml / inject 1 mg subcutaneous once a week

14. DME and Supplies:
wheelchair, grab bars, commode, bath bench, 4 wheeled walker

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, electrical safety measures, diabetic precautions, bathroom safety, ambulates with device, , ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

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: WNL , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic 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.

Clinical Condition Requiring Homecare:

Home health nursing admission was completed for a 73-year-old female with a medical history significant for poorly controlled diabetes mellitus, chronic kidney disease, hypertension, bilateral knee osteoarthritis with chronic pain, hyperlipidemia, bowel incontinence, left heel ulcer, benign brain neoplasm, bone density disorder, and recent urinary tract infection (UTI). The patient was recently hospitalized for ambulatory dysfunction, dehydration, hyperglycemia, and malodorous urine related to a UTI, followed by discharge to a skilled nursing facility, which she later left against medical advice. She currently resides alone in an elevator-accessible apartment with intermittent family assistance for meals, caregiving, and daily needs. The patient is alert and oriented but demonstrates fatigue, generalized weakness, decreased standing balance and tolerance, reduced upper extremity strength, and significantly impaired mobility. She is currently non-ambulatory due to severe bilateral knee pain and ambulatory dysfunction, requiring a wheelchair for primary mobility and moderate to extensive assistance with transfers, toileting, bathing, dressing, medication management, and other activities of daily living. A Stage 2 pressure ulcer was noted to the sacral area, with the patient independently applying zinc cream; physician orders are needed for wound care management. Education was provided regarding pressure relief, repositioning, skin care, incontinence management, diabetic management, insulin administration, continuous glucose monitor use, medication compliance, fall prevention, and safe transfer techniques. The patient remains at high risk for falls, injury, and inability to respond to emergencies due to living alone without 24/7 supervision. PT and OT evaluations support the need for continued skilled therapy services to improve strength, mobility, safety, functional independence, and return to prior level of function. Skilled nursing services remain medically necessary for cardiopulmonary assessment, diabetic management, wound and skin integrity monitoring, medication education, and ongoing safety assessment.
 Date of Order 07/07/2026 Orders Physician Face-to-Face Date: 03/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 diabetes mellitus with diabetic 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: The patient is recertified due to gait training and transfers to return the patient to walking.
 Physician Vij, Radhika

SN Careplans

SN WK1: 5 (07/12/26-07/18/26)

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: WNL

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

SN Goals

PATIENT-STATED GOAL: Patient stated she wants to get back walking

GOALS
patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake

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
Radhika Vij
201 E University Pkwy
Baltimore, MD 21218
PHONE: 410-554-6872 FAX: 14105546896 NPI: 1588628762

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 : 03/24/2026

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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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: limited endurance, limited range of motion, limited strength, balance deficit, obesity, #1 - Open Wound - Posterior Left Buttock -

PROCEDURES: physician-ordered wound care: #2 - Other - Other - Left heel - Unstageable ulcer to heel heel, physician-ordered wound care: #1 - Open Wound - Posterior Left Buttock -: Cleanse wound with wound cleaner and pat dry apply zinc paste daily and as needed for incontinence management, glucose testing via monitor, monitor intake & output

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

PT Careplans

PT WK1: 1 (07/12/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26)

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise. Sitting knee extension, ankle pumps, Family training: Transfers, standing, walking, Gait training on level surface : Gait with rollator on indoor surface, Physician wound care orders: There are no wound care orders at time of assessment. Nurse will follow up, wheelchair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Picking Up Object - 04.

PT Goals

PATIENT-STATED GOAL: To be able to walk again with my rollator

GOALS
Toilet Transfer - 06. Independent

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

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

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

Signature of Physician:

Date

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

Date
07/07/2026

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Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

Picking Up Object - 04. Supervision or touching assistance

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

HHA Careplans

HHA WK1: 3 (07/12/26-07/18/26) ,WK2: 3 (07/19/26-07/25/26)

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/07/2026