Home Health Certification and Plan of Care

Order ID: 1150/20444

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4J29NY9JN31	07/10/2026	From: 07/10/2026 To: 09/07/2026	27733	217058

6. Patient's Name and Address

Constance Murphy
1121 OLD PHILADELPHIA RD LOT 45,
ABERDEEN, MD 21001-
410-272-5805

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 01/29/1945 | **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	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	07/10/26
D63.1	Anemia in chronic kidney disease	07/10/26
J96.11	Chronic respiratory failure with hypoxia	07/10/26
I48.0	Paroxysmal atrial fibrillation	07/10/26
E78.2	Mixed hyperlipidemia	07/10/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/10/26
I25.2	Old myocardial infarction	07/10/26
E87.5	Hyperkalemia	07/10/26
E83.39	Other disorders of phosphorus metabolism	07/10/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	07/10/26
Z99.2	Dependence on renal dialysis	07/10/26
Z95.5	Presence of coronary angioplasty implant and graft	07/10/26
Z87.891	Personal history of nicotine dependence	07/10/26
Z99.81	Dependence on supplemental oxygen	07/10/26
Z91.81	History of falling	07/10/26
I50.23	Acute on chronic systolic (congestive) heart failure	07/10/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/10/26
J96.21	Acute and chronic respiratory failure with hypoxia	07/10/26
I48.19	Other persistent atrial fibrillation	07/10/26
D69.6	Thrombocytopenia unspecified	07/10/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/10/26
E55.9	Vitamin D deficiency unspecified	07/10/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	07/10/26
E44.0	Moderate protein-calorie malnutrition	07/10/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/10/26
Z95.0	Presence of cardiac pacemaker	07/10/26

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

AMIODARONE 200 MG tablet by mouth daily Commonly known as: CORDARONE
CLOPIDOGREL 75 MG / 1 Tablet by mouth daily Commonly known as: PLAVIX
SEVELAMER CARBONATE 800 mg/tablet / Take 1,600 mg by mouth 3 times daily with meals Commonly known as: RENVELA
B-12 1 capsule by mouth daily Supplement
RENA-VITE 0 Take 1 tablet by mouth daily Supplement
PANTOPRAZOLE 40 mg tablet delayed release by mouth daily Commonly known as: PROTONIX
ASCORBIC ACID 500 MG tablet by mouth every morning Commonly known as: VITAMIN C
Vitamin D - Ergocalciferol 25 MCG (1000 UT) tabs / Take 1,000 Units by mouth in the morning
VITAMIN B-3 PO 0 Take 1 capsule by mouth once a day
AMLODIPINE 5 MG tablet by mouth every evening Commonly known as: NORVASC
sodium zirconium cyclosilicate 10 g Pack / Mix 1 packet as instructed by mouth as necessary every monday, wednesday & friday. Commonly known as: LOKELMA
TYLENOL 8 Hour 650 mg/tablet / Take 2 tablets by mouth every 6 hours as needed Generic drug: acetaminophen
POLYETHYLENE GLYCOL 17 g packet / Take 17 g by mouth 1 time daily as needed Commonly known as: MIRALAX
Cozaar - Losartan Potassium 100 mg Take 1 tablet by mouth once a day Hypertension
O2 - Oxygen 3L nasal cannula as necessary For SOB
NITROGLYCERIN Place 0.4 mg tablet under the tongue every 5 min as needed Commonly known as: NITROSTAT

14. DME and Supplies:

walker, oxygen supplies, bath bench

15. Safety Measures:

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

16. Nutrition:

renal diet

17. Allergies:

penicillin fentanyl sulfa antibiotic

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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive chronic kidney disease 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nina Rickey-Sharek
1902 Waltman Rd
Edgewood , MD 21040
PHONE: 4436437745 FAX: 16362425084 NPI: 1003586991

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 : 07/02/2026

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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Clinical Condition Requiring Homecare:

The patient is an 81-year-old female admitted to home health services with a past medical history significant for atrial fibrillation, diet-controlled type 2 diabetes mellitus, end-stage renal disease requiring hemodialysis, and other chronic comorbidities. She was recently hospitalized for increased shortness of breath, nausea, and vomiting. Prior to EMS arrival, the patient attempted to sit down, slipped, and fell, striking the back of her head. Upon home assessment, the patient was alert and oriented to person, place, time, and situation (A&O 4) and exhibited no signs of acute respiratory distress. She has physician-ordered supplemental oxygen at 3 L/min via nasal cannula as needed and utilizes a home oxygen concentrator, oxygen cylinder, and an Inogen portable oxygen system. The patient also has a left upper arm arteriovenous fistula that is functioning for hemodialysis treatments, which she receives every Tuesday, Thursday, and Saturday. She wears a left wrist brace intermittently for support related to a previous injury sustained from a fall in September 2025. The patient lives alone but has a supportive network of friends who assist with errands, housekeeping, and transportation to dialysis appointments. She remains independent with activities of daily living. The patient ambulates slowly throughout the home without an assistive device but utilizes a walker for community ambulation to improve safety. Her recent fall, slow gait, history of recurrent falls, chronic medical conditions, and generalized deconditioning place her at increased risk for future falls. The patient's stated goals are to improve her overall strength, increase endurance, and prevent future falls while maintaining her independence. Skilled nursing services are medically necessary to provide ongoing cardiopulmonary assessment, monitoring of oxygen requirements and respiratory status, assessment of dialysis access, medication management, disease process education, fall risk assessment, and reinforcement of safety precautions. Patient education should focus on fall prevention strategies, safe oxygen use, energy conservation techniques, recognition of signs and symptoms requiring prompt physician notification, adherence to the prescribed dialysis schedule, adequate nutrition and hydration as appropriate for renal disease, and the importance of attending all scheduled follow-up appointments. Continued skilled nursing intervention is warranted to monitor the patient's clinical status, promote safety, prevent complications, and reduce the risk of rehospitalization while supporting her goal of improving strength and maintaining functional independence.
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 07/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat due to Hypertensive chronic kidney disease 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 - SN Notes: soc
 Physician Rickey-Sharek, Nina

SN Careplans

SN WK1: 1 (07/10/26-07/11/26) ,WK2: 1 (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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, balance deficit, Pain Interference with ADLs, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain

SN Goals

PATIENT-STATED GOAL: To get stronger and not fall.

GOALS
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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/10/2026

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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, * 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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