

Home Health Certification and Plan of Care				Order ID: 1150/19138	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
32804534		05/30/2026		From: 05/30/2026 To: 07/28/2026	
				4. Medical Record No.	
				25973	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Carolyn Massey 4580 Maple Wood Drive, BALTIMORE, MD 21229- 410-804-7368				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 02/18/1946				9.Sex Female	
				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD 113.2		Principal Diagnosis Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD		Date 05/30/26	
13. ICD 150.22		Other Pertinent Diagnoses Chronic systolic (congestive) heart failure		Date 05/30/26	
N18.6		End stage renal disease		05/30/26	
D63.1		Anemia in chronic kidney disease		05/30/26	
Z99.2		Dependence on renal dialysis		05/30/26	
G20.A1		Parkinson's dis w/o dyskinesia w/o mention of fluctuations		05/30/26	
I27.20		Pulmonary hypertension unspecified		05/30/26	
F39.		Unspecified mood [affective] disorder		05/30/26	
N25.81		Secondary hyperparathyroidism of renal origin		05/30/26	
I25.5		Ischemic cardiomyopathy		05/30/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		05/30/26	
I48.91		Unspecified atrial fibrillation		05/30/26	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		05/30/26	
I48.92		Unspecified atrial flutter		05/30/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		05/30/26	
Z79.01		Long term (current) use of anticoagulants		05/30/26	
Z79.82		Long term (current) use of aspirin		05/30/26	
Z87.891		Personal history of nicotine dependence		05/30/26	
Z89.431		Acquired absence of right foot		05/30/26	
14. DME and Supplies: diabetic supplies,				15. Safety Measures: walker precautions, standard precautions, fall precautions, diabetic precautions, anticoagulant precautions, ambulates with device	
16. Nutrition: renal diet				17. Allergies: no known allergies	
18.A. Functional Limitations Ambulation				18.B. Activities Permitted Cane, Wheelchair, Walker	
19. Mental & Psychosocial 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: 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: patient will be responsible for managing treatment PT and OT: family/careg	
Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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					
Clinical Condition Requiring Homecare:		<p class="MsoNoSpacing">The patient is an 80-year-old female with a past medical history significant for end-stage renal disease (ESRD) on hemodialysis, Parkinsonism, hyperlipidemia, heart failure with preserved ejection fraction (HFpEF), ischemic cardiomyopathy, atrial fibrillation, peripheral artery disease, diabetes mellitus, and bradykinesia. She was recently hospitalized due to fluid overload and is currently homebound due to weakness, unsteady gait, decreased endurance, and increased fall risk. The patient is alert and oriented 3, with warm, dry skin and no complaints of pain at this time. She has a healing incision with sutures and bandage in place on the right abdomen status post biopsy. The patient ambulates with a walker and also utilizes a cane and wheelchair as needed, requiring human assistance when leaving the home. Prior to hospitalization, she ambulated with a rolling walker but was limited by fatigue and weakness. Current assessment reveals significant bilateral lower extremity weakness with manual muscle testing graded at 2-/5, requiring contact guard assistance for transfers and short-distance ambulation with a rolling walker. Occupational therapy evaluation noted that the patient lives in a second-floor apartment with her two grandsons, who assist with meal preparation and homemaking tasks. She performs dressing and bathing independently with difficulty and primarily sponge bathes, occasionally using the shower. The patient was educated on wearing proper protective footwear due to diabetes, as she was observed ambulating in grip socks. She attends dialysis treatments on Mondays, Wednesdays, and Fridays. The patient demonstrates potential to benefit from skilled physical and occupational therapy services focused on strengthening, balance, safety training, functional mobility, activities of daily living, adaptive equipment training, therapeutic exercise, and development of a home exercise program to improve safety and maximize independence. <o:p></o:p></p> <p class="MsoNoSpacing"><o:p></o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">05/30/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 05/10/2026 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 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<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Reddy, Anuradha</p>			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/30/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Anuradha Reddy 821 N Eutaw St Baltimore, MD 21201 PHONE: 4102258153 FAX: 14104625079 NPI: 1760559009				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 : 05/10/2026	
27. Attending Physician's Signature and Date Signed 07/01/2026 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. PAGE 1 of 3	

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SN Careplans

SN WK1: 1 (05/30/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: 3. Multiple hospitalizations (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, Pain Effect on Sleep, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, coordinate/arrange resources for vision-impaired, monitor dialysis schedule

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, * 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,

lifestyle modification to manage blood condition including dietary changes and bleeding precautions, incorporate lifestyle modifications to optimize renal condition including renal-specific diet, exercise, monitoring of blood pressure and blood sugar, home remedies

SN Goals

PATIENT-STATED GOAL: I would like to get better and walk better

GOALS

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/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

- * 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 self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/30/2026

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PT Careplans PT WK2: 1 (05/31/26-06/06/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26) ,WK8: 1 (07/12/26-07/18/26) ,WK10: 1 (07/26/26-07/28/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair 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, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching 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 - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance	PT Goals PATIENT-STATED GOAL: To be able to walk without help GOALS Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching 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 - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance
OT Careplans OT WK2: 1 (05/31/26-06/06/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing PROCEDURES: cough/deep breathing exercises, home exercise program: Cane exercises bilateral shoulder flex, chest presses, horizontal abd/add, forward/ backwards circles 2x10 reps, equipment training, work simplification/energy conservation, transfers training: tub 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	OT Goals PATIENT-STATED GOAL: To get my strength back 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 * 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent

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