Home Health Certification and Plan of Care

Order ID: 1150/20507

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
51245239	07/11/2026	From: 07/11/2026 To: 09/08/2026	24086	217058

6. Patient's Name and Address

Patricia Villa
1004 Elbow Court,
ABERDEEN, MD 21001-
667-298-2674

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 09/12/1944 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/11/26

13. ICD	Other Pertinent Diagnoses	Date
Z95.2	Presence of prosthetic heart valve	07/11/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/11/26
I50.32	Chronic diastolic (congestive) heart failure	07/11/26
N18.32	Chronic kidney disease stage 3b	07/11/26
I48.91	Unspecified atrial fibrillation	07/11/26
E78.5	Hyperlipidemia unspecified	07/11/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	07/11/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/11/26
I70.0	Atherosclerosis of aorta	07/11/26
G25.0	Essential tremor	07/11/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/11/26
M10.9	Gout unspecified	07/11/26
E21.3	Hyperparathyroidism unspecified	07/11/26
R91.1	Solitary pulmonary nodule	07/11/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/11/26
Z87.891	Personal history of nicotine dependence	07/11/26
Z79.01	Long term (current) use of anticoagulants	07/11/26
Z96.641	Presence of right artificial hip joint	07/11/26
Z91.81	History of falling	07/11/26

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

TYLENOL manages the pain
METAMUCIL 3.4 gram/5.4 gram Oral Powd / Take 1 Units by mouth once a day One spoonful
Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 1 to 2 puffs by mouth every 4 hours as needed for cough, shortness of breath or wheezing (Rescue inhaler)
Neurontin - Gabapentin 400 mg / 1 Capsule by mouth twice a day
Lioresal - Baclofen 10 mg / 1 Tablet by mouth at bedtime as needed for muscle spasms
Cardizem Cd - Diltiazem Hydrochloride 240 mg / 1 Capsule by mouth once a day
Lasix - Furosemide 20 mg / 1 Tablet by mouth in the morning May increase to 2 tablets (40 mg) every morning for 5 days with weight gain as directed per heart failure nurse
Pacerone - Amiodarone Hydrochloride 200 mg / 1 Tablet by mouth once a day
Sensipar - Cinacalcet Hydrochloride eq 30 mg base / 1 Tablet by mouth threee times per week
Lipitor - Atorvastatin Calcium eq 40 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection
Remeron - Mirtazapine 15 mg / 1 Tablet by mouth once a day at bedtime
ginkgo biloba leaf extract Oral Cap 120 mg by mouth
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1,000 mcg by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) Oral Cap by mouth once a day
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 450 mg (1000 units) / 1 Tablet by mouth once a day
Zyrtec - Cetirizine Hydrochloride 5 mg / 1 Tablet by mouth once a day Allergy
Magnesium Oxide - Simethicone 400 mg / 1 Tablet by mouth once a day
Tramadol - Tramadol Hydrochloride 50mg, take 1 tablet by mouth twice a day As needed for pain
Lanoxin - Digoxin 0.125 mg / 1 Tablet by mouth every other day
ACETAMINOPHEN 500mg , Take 2 tablets by mouth every 8 hours for pain management
Eliquis - Apixaban 2.5MG, TAKE 1 TABLET by mouth twice a day A fib
Farxiga - Dapagliflozin Propanediol 10 mg, Take 1 tablet by mouth once a day
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 1 Spray in each nostril Nasal twice a day

14. DME and Supplies:

rolling walker, hand held shower, bath bench, walker, grab bars, cane, 4 wheeled walker

15. Safety Measures:

standard precautions, hand rails, fall precautions, bleeding precautions, ambulates with device, walker precautions, smoke detectors , medication safety, emergency phone # clearly displayed, ambulates with assistance, transfer with assist, supervision at all times, cardiac precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance!Dyspnea With Minimal Exertion

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

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

SN: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: After undergoing Transcatheter aortic valve replacement, 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 07/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 07/08/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

Ms. Patricia Villa is an 81-year-old female admitted to home health services for skilled nursing following a recent hospitalization after a ground-level fall at home in the setting of a recent transcatheter aortic valve replacement (TAVR) performed on 07/02/2026 for severe aortic stenosis. Her extensive past medical history includes heart failure with preserved ejection fraction (EF 60-65%), atrial fibrillation/flutter, chronic kidney disease stage 3b, chronic obstructive pulmonary disease (COPD), obstructive sleep apnea requiring CPAP therapy, hypertension, hyperlipidemia, lumbar spinal stenosis with chronic back pain, hyperparathyroidism, pulmonary nodule, and a recent partial right Achilles tendon rupture managed conservatively without surgical intervention. The patient reported that her legs suddenly gave out, causing her to fall onto her left hip and left knee without loss of consciousness. During hospitalization, a CT scan of the head was negative for acute intracranial pathology, orthostatic vital signs were negative, and neurological examination remained non-focal with an NIH Stroke Scale (NIHSS) score of 0. Electrocardiogram demonstrated atrial flutter with variable AV block. Due to temporary interruption of Pradaxa surrounding the TAVR procedure, an outpatient MRI of the brain was recommended to exclude cerebrovascular accident despite low clinical suspicion for acute stroke. The patient reports claustrophobia and will require pre-medication prior to MRI. Upon the Start of Care nursing assessment, the patient was alert, oriented, cooperative, and able to actively participate in the evaluation. Vital signs were obtained and remained stable. She denied chest pain, dizziness, or acute shortness of breath, and no signs of acute respiratory distress were observed. Lung sounds were assessed, and the patient was instructed to promptly report increasing dyspnea, peripheral edema, rapid weight gain, chest pain, palpitations, syncope, neurological changes, bleeding, or recurrent falls. No focal neurological deficits were noted during today's assessment. Medication reconciliation was completed, and the current medication regimen includes Pradaxa (dabigatran), amiodarone, diltiazem, furosemide (Lasix), atorvastatin (Lipitor), Spiriva inhaler, gabapentin, baclofen as needed, tramadol as needed, cinacalcet (Sensipar), and nightly CPAP therapy. Education was provided regarding medication adherence, bleeding precautions associated with anticoagulation therapy, recognition of adverse medication effects, and the importance of maintaining follow-up appointments with cardiology, primary care, nephrology, pulmonology, and scheduled outpatient MRI. The patient remains homebound due to generalized weakness, impaired endurance, recent hospitalization following a fall, recent TAVR procedure, chronic heart failure, atrial fibrillation, chronic kidney disease, COPD, and an increased risk for falls. Leaving the home requires considerable and taxing effort and assistance. Skilled nursing services are medically necessary to provide ongoing cardiopulmonary assessment; monitor vital signs, blood pressure, heart rate and rhythm, oxygen saturation, daily weight, edema, renal status, and signs of heart failure exacerbation or arrhythmias; monitor for bleeding complications related to Pradaxa; reinforce compliance with prescribed medications, CPAP therapy, COPD inhalers, a low-sodium (3-gram/day) cardiac diet, and a 2-liter daily fluid restriction; provide chronic disease management education; monitor pain associated with lumbar spinal stenosis and chronic back pain; reinforce fall prevention strategies, home safety measures, energy conservation techniques, and the use of assistive devices; and promptly notify the physician of any significant changes in the patient's condition. Physical therapy evaluation revealed that prior to hospitalization, the patient was independent with activities of daily living, ambulated within the home using a single-point cane, and negotiated stairs with modified independence. Currently, she demonstrates impaired balance, generalized lower extremity weakness, decreased endurance, difficulty with ambulation, and difficulty negotiating stairs, which have been further impacted by her recent fall, recovery from TAVR, and ongoing healing of the partial right Achilles tendon rupture. These impairments place her at increased risk for additional falls and functional decline. The patient demonstrates good rehabilitation potential and will benefit from skilled physical therapy to improve lower extremity strength, balance, endurance, gait mechanics, stair negotiation, and overall functional mobility while reducing fall risk and promoting a safe return to her prior level of function. Occupational therapy evaluation determined that the patient resides on the first floor of a multilevel home with her son and his family. Prior to hospitalization, she was independent with basic self-care, functional transfers, and household ambulation. At the time of evaluation, she demonstrated independence with basic self-care activities, functional transfers, and functional ambulation without the need for ongoing occupational therapy intervention. Therefore, occupational therapy evaluation only was completed, with no additional skilled OT visits indicated at this time. The overall plan of care focuses on preventing recurrent falls and rehospitalization, maintaining cardiopulmonary stability, promoting safe anticoagulation management, improving strength, endurance, balance, and functional mobility through skilled physical therapy, reinforcing chronic disease self-management, ensuring medication compliance, and maximizing the patient's independence and safety within the home environment through continued interdisciplinary home health services.
 Date of Order 07/11/2026 Orders Physician Face-to-Face Date: 07/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Transcatheter aortic valve replacement 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 PT Eval Notes: OT Eval Notes:
 Physician Davis, Stephanie

SN Careplans

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

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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, 8. Currently reports exhaustion

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

SN Goals

PATIENT-STATED GOAL: Patient wants to regain her strength enough so she can go back to using her cane and stop using the walker

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

caregiver administers and/or packages medications appropriately

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, muscle spasms, limited endurance, muscle weakness, limited range of motion, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

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, * 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, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (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) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26) ,WK9: 1 (08/30/26-09/05/26) ,WK10: 1 (09/06/26-09/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt, home exercise program: Seated heel raises, gentle gastroc stretching as tolerated seated, only, laq, hip flexion, hip abduction hamstring curls all seated. 2-310, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To progress off the walk, be able to get down the back steps to get into the pool.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 2 (07/11/26-07/11/26) ,WK2: 2 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff

OT Goals

PATIENT-STATED GOAL: Evaluation only

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

Oral Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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