Home Health Certification and Plan of Care

Order ID: 1150/20703

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35611321	07/17/2026	From: 07/17/2026 To: 09/14/2026	28075	217058

6. Patient's Name and Address

Sarah Jones
3391 Saint Benedict Street,
BALTIMORE, MD 21229-
443-882-8588

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 10/17/1949 | **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	07/17/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	07/17/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/17/26
N18.6	End stage renal disease	07/17/26
D63.1	Anemia in chronic kidney disease	07/17/26
I48.91	Unspecified atrial fibrillation	07/17/26
I48.92	Unspecified atrial flutter	07/17/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	07/17/26
E78.2	Mixed hyperlipidemia	07/17/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/17/26
E55.9	Vitamin D deficiency unspecified	07/17/26
G47.00	Insomnia unspecified	07/17/26
Z99.2	Dependence on renal dialysis	07/17/26
Z79.4	Long term (current) use of insulin	07/17/26
Z79.01	Long term (current) use of anticoagulants	07/17/26
Z95.0	Presence of cardiac pacemaker	07/17/26
Z87.891	Personal history of nicotine dependence	07/17/26

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

AMLODIPINE 10 MG / 1 Tablet by mouth EVERY DAY
DOXAZOSIN 1 mg/tablet / Take 2 tablets by mouth DAILY AT BEDTIME
ELIQUIS 5 MG / 1 Tablet by mouth twice a day
FISH OIL 1,200 mg (144 mg-216 mg) / 1 Capsule by mouth every day
HYDRALAZINE 25 MG / 1 Tablet by mouth 3 times a day
RENA-VITE 0.8 MG / 1 Tablet by mouth EVERY DAY
SIMVASTATIN 40 MG / 1 Tablet by mouth EVERY DAY
Vitamin D - Ergocalciferol 2000 unit / 1 Capsule by mouth every day
sevelamer HCl 800 MG / 1 Tablet by mouth as necessary with food 3times a day and snack
Metoprolol Tartrate - Metoprolol Tartrate 25 MG / 1 Tablet by mouth twice a day
Delflex W/ Dextrose 2.5% Low Magnesium Low Calcium In Plastic Container - Calcium Chloride: Dextrose: Magnesium Chloride: Sodium Chloride: Sodium Lactate 6000 ml intravenous at bedtime Peritoneal dialysis
Delflex W/ Dextrose 1.5% Low Magnesium Low Calcium In Plastic Container - Calcium Chloride: Dextrose: Magnesium Chloride: Sodium Chloride: Sodium Lactate 6000 ml intravenous at bedtime Peritoneal dialysis
Humalog Kwikpen - Insulin Lispro Recombinant (U-100) 100 unit/ml / 3-5 units subcutaneously three times a day with meals as instructed
Lantus Solostar - Insulin Glargine Recombinant 100 unit/mL (3 ml) / Inject 8 units UNDER THE SKIN ONCE A DAY AT BEDTIME

14. DME and Supplies:

rolling walker, cane, bath bench, Peritoneal dialysis machine

15. Safety Measures:

standard precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol

17. Allergies:

nifedipine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, Exercises Prescribed, 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 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:

The patient is a 76-year-old with complaints of right knee pain. Her medical history is significant for osteoporosis, diabetes mellitus, atrial fibrillation, pacemaker placement, end-stage renal disease requiring peritoneal dialysis, and congestive heart failure. She lives with her husband in a townhouse with 10 steps to enter, and the bedroom and bathroom are located on the second floor. The patient ambulates 30 feet twice without an assistive device under supervision and is able to negotiate 14 steps using one handrail with a step-to pattern under supervision. She performs bed, chair, and toilet transfers with supervision and demonstrates independence with bed mobility. Outdoor mobility and car transfer skills were not assessed during this visit. The patient is considered homebound due to the significant effort required to leave the home and her increased fall risk, as evidenced by a Tinetti score of 14/28. She would benefit from skilled home physical therapy to improve strength, mobility, balance, and functional independence.<span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
mso-font-kerning:1.0000pt;"><o:p></o:p> <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
mso-font-kerning:1.0000pt;"> <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
mso-font-kerning:1.0000pt;"> Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charia Friend
516 N Rolling Rd Ste 106
Catonsville, MD 21228
PHONE: 4107444044 FAX: 14107447923 NPI: 1720139587

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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mso-font-kerning:1.0000pt;"><o:p></o:p> 07/17/2026<o:p></o:p> Physician Face-to-Face Date: 07/08/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease<o:p></o:p> 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>   1 - SOC - PT Notes: <o:p></o:p> Physician: Friend, Charia

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/17/26-07/18/26) ,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)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: 7. Currently taking 5 or more medications, 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

PT Goals

PATIENT-STATED GOAL: To be able to walk in the house and go up the steps with less pain

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

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/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 self-administers medications as prescribed

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/17/2026

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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:Advance Care Plan/Directive already in place.

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, limited strength, balance deficit, Pain Interference with ADLs, obesity, #1 - Non-Observable Surgical Wound - Anterior Midline - Dialysis port for peritoneal dialysis

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Midline - Dialysis port for peritoneal dialysis: Dialysis port, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments,
physician-ordered wound care: Cover dialysis port as directed, home exercise program: Supine hip flexion, bridging, quad sets, short arc quads, straight leg raise, hip abduction. Standing hip extension, knee flexion, plantarflexion, squats, hip abduction. Sitting knee extension, ankle pumps, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

patient living environment has safe floor coverings

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