Home Health Certification and Plan of Care

Order ID: 1150/20864

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37139073	03/19/2026	From: 03/19/2026 To: 05/17/2026	23568	217058

6. Patient's Name and Address

Loretta Schell
6234 Gilston Park Rd,
CATONSVILLE, MD 21228-
443-799-5468

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 08/01/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/19/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/19/26
N18.4	Chronic kidney disease stage 4 (severe)	03/19/26
D63.1	Anemia in chronic kidney disease	03/19/26
G60.9	Hereditary and idiopathic neuropathy unspecified	03/19/26
J45.998	Other asthma	03/19/26
F32.A	Depression unspecified	03/19/26
E78.5	Hyperlipidemia unspecified	03/19/26
E46.	Unspecified protein-calorie malnutrition	03/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/19/26
K22.70	Barrett's esophagus without dysplasia	03/19/26
M41.86	Other forms of scoliosis lumbar region	03/19/26
G43.909	Migraine unsp not intractable without status migrainosus	03/19/26
M19.90	Unspecified osteoarthritis unspecified site	03/19/26
Z79.4	Long term (current) use of insulin	03/19/26
Z79.82	Long term (current) use of aspirin	03/19/26

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

SYSTANE 1 drop both eyes two times a day for DRY EYES
Valsartan - Valsartan 320 mg 1 tab by mouth once a day
Magnesium - Simethicone 400 mg/ 1cap by mouth once a day
Mucinex - Guaifenesin 600 mg 1 to 2 tab by mouth once a day As needed
Vitamin D3 50 mcg by mouth once a day
Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 1 mg base 1 mg by mouth at bedtime
Fenofibrate - Fenofibrate 145mg by mouth once a day
Hiprex - Methenamine Hippurate 1gm 1gm by mouth once a day Uti Prevention
Xyzal - Levocetirizine Dihydrochloride 5 mg 1 tab by mouth at bedtime Allergies
Melatonin - Melatonin 1 tablet 10 mg by mouth at bedtime Sleep
Turmeric curcumin 1 tablet 500 mg by mouth once a day Supplement
Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet 8 mg by mouth once a day Kidney health
Potassium Chloride Er - Potassium Chloride 20 meq by mouth once a day Supplement
Rena-Vita 0.8 mg by mouth once a day For health maintenance
Atorvastatin - Atorvastatin Calcium 40 mg by mouth at bedtime For HLD
Apresazide - Hydralazine Hydrochloride: Hydrochlorothiazide 100 mg;50 mg 1 tablet by mouth twice a day HTN
70/30 INSULIN 100 UNIT/ML Inject subcutaneously before meals Prescriber has ordered a sliding scale
Acetaminophen-PA TAbet 500-25 MG 1 tablet mouth at bedtime for pain (general) Give 1 tablet by mouth at bedtime for Pain DO NOT EXCEED 3 GRAMS per 24 HOURS
ESOMEPRAZOLE MAGNESIUM 1 tablet mouth one time a day for GERD
CARAFATE 1 GM mouth four times a day for Gas
ESCITALOPRAM 20 mg 1 tablet mouth one time a day for Depression
CARVEDILOL 12.5 mg 1 tablet mouth two times a day for HTN-Hold for SBP Less than 110 and HR less than 60
ACCUNEB 2 INHALES Phone (pr scripts) EVERY 4 hours prn for SOB RINSE MOUTH AFTER USE
Toujeo Solostar - Insulin Glargine Recombinant 15 units subcutaneous in the evening Insulin glargine long acting

14. DME and Supplies:

rolling walker, walker, wheelchair, hand held shower, diabetic supplies, cane, 4 wheeled walker

15. Safety Measures:

standard precautions, walker precautions, wheelchair precautions, medication safety, medical alert/lifeline, infectious material management, fall precautions, diabetic precautions, ambulates with device, ambulates with assistance

16. Nutrition:

regular

17. Allergies:

metformin synthroid yellow dye

18.A. Functional Limitations

Endurance, Ambulation, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

Cane, Walker, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

Due to diagnosis of Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified 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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: The patient is an 83-year-old female who is alert and oriented to person, place, time, and situation, with vital signs reported as stable. She was recently hospitalized for acute kidney injury associated with nausea and vomiting and subsequently discharged to subacute rehabilitation prior to returning home. Her past medical history is significant for type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-18 CE-FMS-diabetes">diabetes</mh> mellitus, chronic kidney disease stage 3, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, Barrett's esophagus/GERD, asthma, peripheral neuropathy, depression, lumbar scoliosis, and cardiac arrhythmia. The patient resides with her husband in a single-level home; however, the home environment is noted to have significant clutter, including excessive papers around her primary seating area, posing an increased fall risk. At the time of evaluation, the patient demonstrates notable functional decline characterized by decreased bilateral lower extremity strength (MMT 3-/5) and bilateral upper extremity weakness (MMT 3+/5), impaired balance, and reduced endurance, likely exacerbated by chronic neuropathy. She requires minimal assistance for transfers and short-distance ambulation using a rollator, and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nana Ceasar
6501 Baltimore National Pike
Catonsville, MD 21228
PHONE: 667-234-2100 FAX: 14107445117 NPI: 1881704278

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 : 03/03/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20864

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37139073	03/19/2026	From: 03/19/2026 To: 05/17/2026	23568	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Loretta Schell 6234 Gilston Park Rd, CATONSVILLE, MD 21228- 443-799-5468	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

contact guard assistance for sit-to-stand and toilet transfers with verbal cueing for proper limb placement. In terms of activities of daily living, the patient requires standby assistance for upper body dressing, contact guard assistance for lower body dressing while seated, and is able to bathe in the shower with assistance. Prior to recent hospitalization, the patient and her husband report fluctuating but higher levels of independence with mobility. Skilled nursing services are indicated for ongoing glucose monitoring, medication management, and continued assessment of vital signs and overall medical stability. Skilled physical therapy is medically necessary to address deficits in strength, balance, endurance, and functional mobility, with the goal of improving safety, reducing fall risk, and restoring the patient to her prior level of function. Interventions will include therapeutic exercise, gait and balance training, and transfer training. Additionally, patient and caregiver education should continue to emphasize fall prevention strategies, safe use of assistive devices, and the importance of addressing environmental hazards within the home to optimize safety and functional independence.
 Date of Order 03/19/2026 Orders Physician Face-to-Face Date: 03/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-13 CE-FMS-Hypertensive">Hypertensive</mh> chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes
 Physician Cesar, Nana

SN Careplans

SN WK1: 1 (03/19/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK4: 1 (04/05/26-04/11/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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/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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, M1610 - Urinary Incontinence, limited endurance, limited range of motion, muscle weakness, B0200 - Hearing Deficit, headache, extremity burn/tingle/numb, bleeding/painful gums, bruising/discoloration

PROCEDURES: MEDICATION REVIEW: Medications reviewed with caregiver and patient. , Ensure Protective footwear for feet for in the house. : Patient has peripheral neuropathy with no sensation to toes. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, home exercise program: clinician will describe procedure at time of visits, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area: Ensure there is not clutter in front of patients chair and clear pathways by bed, bathroom.

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure

SN Goals

PATIENT-STATED GOAL: I want to beable to walk with my rollator safely

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

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/19/2026

Home Health Certification and Plan of Care

Order ID: 1150/20864

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37139073	03/19/2026	From: 03/19/2026 To: 05/17/2026	23568	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Loretta Schell 6234 Gilston Park Rd, CATONSVILLE, MD 21228- 443-799-5468	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

preventive care, 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 hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, 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

PT Careplans

PT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver

TEACH PATIENT/CAREGIVER: Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Medication Review

OT Careplans

OT WK1: 1 (03/19/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK4: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, 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: Therapeutic exercise, Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, 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, 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger and walk better

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

Eating - 06. Independent

Oral Hygiene - 06. Independent

Upper Body Dressing - 06. Independent

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

Toileting Hygiene - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/19/2026