Home Health Certification and Plan of Care

Order ID: 1150/20888

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36123052	07/26/2026	From: 07/26/2026 To: 09/23/2026	28422	217058

6. Patient's Name and Address

Nealie Sturgis
715 Glenwood Street,
Annapolis, MD 21401-
443-931-0162

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 09/14/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/26/26

13. ICD	Other Pertinent Diagnoses	Date
I50.21	Acute systolic (congestive) heart failure	07/26/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/26/26
N18.30	Chronic kidney disease stage 3 unspecified	07/26/26
I42.9	Cardiomyopathy unspecified	07/26/26
I48.91	Unspecified atrial fibrillation	07/26/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/26/26
M48.00	Spinal stenosis site unspecified	07/26/26
G89.29	Other chronic pain	07/26/26
E11.69	Type 2 diabetes mellitus with other specified complication	07/26/26
E66.01	Morbid (severe) obesity due to excess calories	07/26/26
Z68.42	Body mass index [BMI] 45.0-49.9 adult	07/26/26
E78.5	Hyperlipidemia unspecified	07/26/26
R91.1	Solitary pulmonary nodule	07/26/26
Z86.19	Personal history of other infectious and parasitic diseases	07/26/26
Z79.01	Long term (current) use of anticoagulants	07/26/26
Z79.82	Long term (current) use of aspirin	07/26/26
Z79.899	Other long term (current) drug therapy	07/26/26
Z95.1	Presence of aortocoronary bypass graft	07/26/26
Z95.2	Presence of prosthetic heart valve	07/26/26

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

Apixaban 5 MG / 1 Tablet by mouth twice a day
FAMOTIDINE 20 MG / 1 Tablet by mouth daily
PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth daily
Sacubitril-Valsartan 24-26 MG / 1 Tablet by mouth twice a day
SPIRONOLACTONE 25 MG / 1 Tablet by mouth daily
FUROSEMIDE 40 MG / 1 Tablet by mouth daily
Potassium Chloride - Potassium Chloride Extended Release 20 MEQ / 1 Tablet by mouth once a day
ROSUVASTATIN CALCIUM 20 MG / 1 Tablet by mouth nightly, at bedtime
ALBUTEROL 108 (90 Base) MCG/ACT Inhaler / Inhale 2 puffs into the lungs by mouth every 6 Hours as needed for Wheezing or Shortness of Breath
ASPIRIN 81 MG / 1 Tablet by mouth daily
Metoprolol Succinate - Metoprolol Succinate Extended Release 100 MG / 1 Tablet by mouth daily
OXYCODONE Immediate Release 15 MG / 1 Tablet by mouth every 6 Hours as needed for Pain
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1.25 MG (50000 UT) Capsule by mouth once weekly on Sundays **Patient reports taking 50,000 units, however unable to verify**
Ozempic prefilled pen (1MG/DOSE) 4 MG/3ML / Administer 1 mg subcutaneous once a week **On Sundays**

14. DME and Supplies:

bath bench, rolling walker

15. Safety Measures:

walker precautions, standard precautions, fall precautions, cardiac precautions, anticoagulant precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Iodinated Contrast Media

18.A. Functional Limitations

Ambulation, Dyspnea With Minimal Exertion, Endurance, Hearing

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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

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

Homebound status: 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.

Clinical Condition Requiring Homecare: The patient is a 68-year-old female admitted to home health services for skilled nursing following hospitalization for sepsis of unknown origin requiring continued cardiopulmonary assessment, disease process education, and management of multiple chronic medical conditions. Her past medical history is significant for morbid obesity, type 2 diabetes mellitus (although the patient reports she is not diabetic and is not currently taking any oral or injectable diabetic medications), coronary artery disease status post three-vessel coronary artery bypass grafting (CABG), cardiomyopathy, chronic kidney disease stage III, severe aortic stenosis status post transcatheter aortic valve replacement (TAVR), atrial fibrillation with rapid ventricular response, acute systolic congestive heart failure, hypertension, acute kidney injury superimposed on chronic kidney disease, chronic pain, spinal stenosis, left knee pain, abnormal urine findings, epigastric pain, demand ischemia, and a recent hospitalization for sepsis characterized by fever, shaking chills, leukocytosis with white blood cell count greater than 20,000, and bandemia, with no definitive infectious source identified. The patient reports she initially sought medical care due to chills and inability to eat and was subsequently diagnosed with sepsis. She also reports being informed of a pulmonary abnormality during hospitalization. She completed her prescribed course of oral antibiotics prior to admission to home health services. Upon assessment, the patient is alert and oriented to person, place, time, and situation, pleasant, and able to participate appropriately in her care. She resides alone in a single-level home with three steps required to enter and is primarily independent with self-care activities. Her daughter serves as her emergency contact, provides caregiver support several times weekly, and routinely checks on her. The patient reports gradual improvement since hospital discharge but continues to experience generalized weakness, fatigue, mild shortness of breath, and persistent left knee pain. Medication reconciliation was completed with no discrepancies identified and no refill needs at this time. Admission paperwork was reviewed and signed, and the patient verbalized understanding of and agreement with the established plan of care. She declined occupational therapy initially; however, a physical therapy evaluation was completed, and ongoing home health physical therapy services were initiated. The patient ambulates within and outside the home using a walker and occasionally a cane, although she reports routine use of a rollator for approximately 7 to 8 years during meal preparation, household activities, and mobility within the home. She has a history of one fall in January 2026 after slipping on ice, resulting in a left knee fracture, and remains at increased risk for future falls due to generalized weakness, chronic left knee pain, impaired balance, decreased bilateral lower extremity strength, reduced functional mobility, and difficulty

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nnaemeka Agajelu
85 Kendrick Way
Glen Burnie, MD 21061
PHONE: 410-553-6360 FAX: 14105536661 NPI: 1104891886

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 : 07/21/2026

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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negotiating stairs. Physical therapy assessment demonstrated deficits in strength, endurance, balance, transfers, gait mechanics, and overall functional mobility. The patient requires stand-by assistance for safe ambulation with a walker, with verbal cueing provided to maintain proper positioning within the walker, improve bilateral step height and step length, and enhance overall gait safety. Therapeutic exercises were initiated and included seated hip flexion, long arc quadriceps exercises, hip abduction, and pillow squeeze exercises, one set of 15 repetitions each. A written home exercise program was provided with instructions to perform exercises twice daily. The patient was also instructed to apply ice to the left knee for 20 minutes using an appropriate protective barrier with skin assessment every five minutes to assist with pain management. She verbalized understanding of all education and demonstrated willingness to comply with recommendations. Physical therapy services are scheduled at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for three weeks to improve lower extremity strength, balance, transfers, stair negotiation, gait safety, and functional independence while reducing fall risk and preventing further decline. The patient remains homebound due to generalized weakness, functional decline, chronic left knee pain, impaired mobility, and the need for a walker and human assistance to safely leave the home. Leaving the residence requires considerable and taxing effort and poses a significant safety risk due to impaired endurance and increased fall risk. Skilled nursing services remain medically necessary for continued cardiopulmonary assessment, cardiovascular and pulmonary monitoring, management of hypertension and recent sepsis, medication review, reinforcement of disease process education, monitoring for signs and symptoms of recurrent infection or clinical deterioration, and coordination of care. Patient education focused on infection prevention, recognition of worsening symptoms, medication adherence, safe ambulation with assistive devices, fall prevention strategies, pain management, home exercise compliance, and the importance of maintaining adequate hydration, nutrition, and activity as tolerated. The patient demonstrated understanding of the education provided and will continue to receive skilled nursing and physical therapy services to promote recovery, maximize functional independence, reduce fall risk, and prevent rehospitalization.
 Date of Order 07/26/2026 Orders Physician Face-to-Face Date: 07/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive 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 Agajelu, Nnaemeka

SN Careplans

SN WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)

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

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:MOLST reviewed

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output

SN Goals

PATIENT-STATED GOAL: Patient states they want to increase their strength and endurance

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

meal preparation is available to patient for all meals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/26/2026

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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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 2 (07/26/26-08/01/26) ,WK2: 2 (08/02/26-08/08/26) ,WK3: 2 (08/09/26-08/15/26)

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: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., 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

PT Goals

PATIENT-STATED GOAL: To get back to walking again

GOALS
Chair to Bed to Chair - 06. Independent

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

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

Toilet Transfer - 06. Independent

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

OT Careplans

OT WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)

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

PROCEDURES: Improve balance : In standing, Improve ue strength: Sh, elbow and wrist to 4+, Improve standing tolerance: To be able to stand for longer time, cough/deep breathing exercises, incentive spirometer, home exercise program: Strengthening exes for sh, elbow and wrist, equipment training, work simplification/energy conservation

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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Strengthen upper and lower body;Strengthen upper and lower body

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

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/26/2026