Home Health Certification and Plan of Care

Order ID: 1150/20931

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6Q84G25KD09	07/27/2026	From: 07/27/2026 To: 09/24/2026	28490	217058

6. Patient's Name and Address
Marian Trammel
4028 Balfern Ave,
Baltimore, MD 21213
410-485-8577

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 03/14/1941 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/27/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/27/26
N18.32	Chronic kidney disease stage 3b	07/27/26
D63.1	Anemia in chronic kidney disease	07/27/26
E55.9	Vitamin D deficiency unspecified	07/27/26
E78.00	Pure hypercholesterolemia unspecified	07/27/26
D50.9	Iron deficiency anemia unspecified	07/27/26
F39.	Unspecified mood [affective] disorder	07/27/26
F32.A	Depression unspecified	07/27/26
H91.90	Unspecified hearing loss unspecified ear	07/27/26
M15.0	Primary generalized (osteo)arthritis	07/27/26
R21.	Rash and other nonspecific skin eruption	07/27/26
R22.43	Localized swelling mass and lump lower limb bilateral	07/27/26
Z85.3	Personal history of malignant neoplasm of breast	07/27/26

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

HYDROCHLOROTHIAZIDE 12.5 MG / 1 Tablet by mouth EVERY DAY
LISINOPRIL 40 MG / 1 Tablet by mouth DAILY
SIMVASTATIN 20 MG / 1 Tablet by mouth EVERY DAY
Hydrochlorothiazide - Hydrochlorothiazide 25 MG / 1 Tablet by mouth once a day
TYLENOL 325 mg/tablet / Take 2 tablets by oral route every 8 hours as needed for 30 days.
ACETAMINOPHEN 500 MG / 1 Tablet oral route every 8 hours as needed for 30 days.
NYSTATIN Topical Powder 100,000 unit/gram / APPLY TO THE AFFECTED AREA(S) topical 2 TIMES PER DAY

14. DME and Supplies:
wheelchair, walker, hospital bed

15. Safety Measures:
fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver 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:

Physical therapy and occupational therapy evaluations were completed for a patient referred to home health services with a primary diagnosis of hypertensive chronic kidney disease. The patient's past medical history is significant for type 2 diabetes mellitus without long-term insulin use, stage 3b chronic kidney disease, essential hypertension, hyperlipidemia, pure hypercholesterolemia, vitamin D deficiency, iron deficiency anemia, primary osteoarthritis involving multiple joints and bilateral knees, breast cancer, depression, mood disorder, hearing loss, knee pain, difficulty urinating, and chronic lower extremity joint swelling with limited range of motion. The patient resides on the first floor of a two-story townhouse with her granddaughter and nephew. The home has five steps with a handrail at the entrance. The patient reported she has not ambulated in approximately one year and has not left the home in two years. She sleeps in a recliner and has no bathroom or kitchen access on her living level. The patient receives state-funded caregiver assistance twice daily, Monday through Friday, for bathing, incontinence care, dressing, meal preparation, housekeeping, and laundry, while her granddaughter provides care on weekends and plans are being made to increase caregiver coverage when the granddaughter begins college. Prior to the current episode of care, the patient was dependent for activities of daily living and required assistance with all functional transfers and wheelchair mobility. Assessment revealed marked bilateral lower extremity weakness, significant loss of flexibility secondary to prolonged sleeping in a recliner for several years, impaired sitting balance and sitting tolerance, decreased bilateral upper extremity strength, reduced activity tolerance, and bilateral lower extremity edema with complaints of joint swelling and limited motion. The patient demonstrated severe balance impairment, evidenced by a Tinetti Balance and Gait Assessment score of 1/28, indicating an extremely high risk for falls. The Timed Up and Go (TUG) assessment was unable to be completed due to the patient's functional limitations. During the physical therapy evaluation, the patient required maximum assistance from one person to perform sit-to-stand transfers on two attempts and exhibited significant fear of falling. She was able to take only two forward and backward steps with each lower extremity while requiring maximum assistance and demonstrated poor standing tolerance and severely impaired balance. The patient's current functional deficits necessitate extensive assistance with self-care tasks, functional transfers, wheelchair mobility, and all mobility-related activities. No open wounds were observed during the assessment. Skilled physical therapy is medically necessary to address lower extremity strengthening, flexibility, balance retraining, transfer training, standing tolerance, functional mobility, fall prevention, and caregiver education to improve safety and maximize functional mobility. Skilled occupational therapy is also medically necessary to address deficits in sitting balance, sitting tolerance, upper extremity strength, activity tolerance, self-care performance, and functional transfers to promote the highest attainable level of independence with activities of daily living. Patient and caregiver were educated on fall prevention strategies, safe transfer techniques, pressure relief, energy conservation, and the importance of continued participation in the prescribed therapy program. The patient demonstrates fair rehabilitation potential and will continue to benefit from skilled home health physical and occupational therapy services to improve strength, mobility, safety, and overall functional independence while reducing the risk of further decline, falls, and hospitalization.
 Date of Order 07/27/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: 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 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 2403349614 FAX: 18339750904 NPI: 1073157459

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 : 06/02/2026

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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14px;">
 1 - SOC - OT Notes: soc ot PT Eval Notes:
 Physician Hickson, Nicole

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/27/26-08/01/26) ,WK2: 2 (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) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, 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: Gait training: Work gait trg with rw and close wc follow began stepping forward and back in place initially then progress to fwd motion with assist please document number feet walked each trial and level of assist needed. Have caregiver assist., Standing balance : Work on static and dynamic balance wt shifting focus on maintaining balance over bos with use rw, Standing balance : Work on static and dynamic balance wt shifting focus on maintaining balance over bos with use rw, Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, wheelchair training, home exercise program: Le hamstring and gastroc stretching 20 second holds x4 trials. Laq, hip flexion, hip abduction, wc push-ups, toe heel raises 3x10, transfers training: Work sts from recliner as well as wc spt to L amd R with rw as tolerated with assist

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, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Picking Up Object - 02. Substantial/maximal assistance, Balance , Gait training

PT Goals

PATIENT-STATED GOAL: Pt reports she would like to walk again improve strength.

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Picking Up Object - 02. Substantial/maximal assistance

Balance

Gait training

OT Careplans

OT WK1: 1 (07/27/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/24/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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

OT Goals

PATIENT-STATED GOAL: I want to walk

GOALS
Chair to Bed to Chair - 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
* 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

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/27/2026

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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: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, lethargy, balance deficit, tooth pain/decay/sensitivity

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, cough/deep breathing exercises, incentive spirometer, wheelchair training, home exercise program: Bilateral biceps curls, triceps extensions 2-3 sets 6-8 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, transfers training, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Car Transfer - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

Wheel 150 feet - 01. Dependent

Car Transfer - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/27/2026