Home Health Certification and Plan of Care

Order ID: 1150/21054

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30932361510	08/04/2026	From: 08/04/2026 To: 10/02/2026	6483	217058

6. Patient's Name and Address
Tannis Hooker
1050 E 33rd St Apt 214,
BALTIMORE, MD 21218-
443-955-9216

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 09/22/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/04/26

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	08/04/26
N18.6	End stage renal disease	08/04/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/04/26
F31.9	Bipolar disorder unspecified	08/04/26
Z99.2	Dependence on renal dialysis	08/04/26
Z86.718	Personal history of other venous thrombosis and embolism	08/04/26
Z95.0	Presence of cardiac pacemaker	08/04/26
Z79.01	Long term (current) use of anticoagulants	08/04/26

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

Allopurinol - Allopurinol 100 mg, take 1 tablet by mouth once a day for 90 days
Depakote Er - Divalproex Sodium 500 MG, TAKE 1 TABLET by mouth at bedtime FOR 90 DAYS
Atorvastatin - Atorvastatin Calcium 10 mg, take 1 tablet by mouth once a day FOR 90 DAYS
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5000 UNITT), TAKE 1 TABLET by mouth once a day FOR 90 DAYS
Nephro-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0.8 MG, TAKE 1 TABLET by mouth twice a day FOR 90 DAYS
Fish Oil - Cod Liver Oil 1,000 MG (120 MG - 180 MG), TAKE 1 CAPSULE by mouth once a day FOR 90 DAYS
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 mg, Take 1 tablet by mouth once a day FOR 90 DAYS for supplement
Vraylar - Cariprazine Hydrochloride 3.0 mg by mouth once a day For bipolar with depression
Renvela - Sevelamer Carbonate 800 mg 2 tabs by mouth three times a day 2 tabs with each meal and one tab with snacks
Miralax - Polyethylene Glycol 3350 17 GRAM, TAKE 1 PACKET by mouth once a day FOR 30 DAYS constipation
Tramadol - Tramadol Hydrochloride 50 mg by mouth threee times per week Prn for pain prior to dialysis
Trazadone - Trazodone Hydrochloride 50 mg by mouth at bedtime Insomnia prn
Lamotrigine - Lamotrigine 150 mg 100 mg, take 1 tablet by mouth in the morning for 90 days
Lasix - Furosemide 80 mg 40mg by mouth four times per week On non dialysis days for fluid retention

14. DME and Supplies:
rolling walker, hand held shower, grab bars, bath bench, 4 wheeled walker

15. Safety Measures:
standard precautions, , fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
abilify haldol zyprexa

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, 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: fair

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 Type 2 diabetes mellitus with diabetic 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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 : 04/30/2026

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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Clinical Condition Requiring Homecare:

The patient is a 74-year-old female referred by her physician for skilled physical therapy due to decreased mobility. Her past medical history is significant for chronic kidney disease with end-stage renal disease requiring dialysis, osteoporosis, bipolar disorder, deep vein thrombosis with embolism, and pacemaker placement. She presents with limited bilateral knee and hip extension and resides alone in an elevator-accessible apartment with 38 hours per week of aide services. During the evaluation, the patient was initially resistant to ambulation and bed mobility due to having other appointments scheduled that morning and required reminders regarding participation in the established plan of care. She ambulated approximately 40 feet on indoor surfaces using a rollator with a flexed trunk and knees, with no observable knee extension during gait. Bed mobility was independent, and transfers to the bed, chair, and toilet were performed with supervision. Stair negotiation, outdoor mobility, and car transfers were not assessed during this evaluation. The patient is considered homebound due to the significant effort required to leave the home and demonstrated increased fall risk, as evidenced by a Tinetti score of 13/28. Education was provided regarding safe use of the rollator, including avoiding use of the device as a wheelchair. Bilateral lower-extremity edema was noted, which the patient attributed to incomplete fluid removal during dialysis; an additional dialysis session is scheduled this week. The dialysis access site is located on the right upper chest. The patient would benefit from continued skilled home health physical therapy to improve lower-extremity strength and hip and knee range of motion, promote improved gait mechanics and safety, and maximize functional mobility and independence.<o:p></o:p>   Date of Order<o:p></o:p> 08/04/2026<o:p></o:p> Physician Face-to-Face Date: 04/30/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Type 2 diabetes mellitus with diabetic chronic kidney 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: Physician: Tansinda, James

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/04/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/06/26)

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 > 7

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

HOSPITALIZATION RISKS: 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, 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

PT Goals

PATIENT-STATED GOAL: To walk straighter and be able to walk further distance

GOALS
Toilet Transfer - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/04/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, decreased urine output, limited endurance, limited range of motion, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, obesity, #1 - Non-Observable Surgical Wound - Anterior Right Upper Chest - Dialysis site

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Upper Chest - Dialysis site: Dialysis site, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Dialysis site, home exercise program: Supine quad sets, short arc quads, hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing postural training. Sitting knee extension, ankle pumps, equipment training, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration, monitor dialysis schedule: M/W/F

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, * 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, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

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