Home Health Certification and Plan of Care

Order ID: 1150/21076

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
39292268	06/06/2026	From: 08/05/2026 To: 10/03/2026	24198	217058

6. Patient's Name and Address

Marilyn Stinson
2401 Pickering Dr Apt E,
Parkville, MD 21234-
302-259-8081

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 07/01/1954 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/06/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	06/06/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/06/26
N18.31	Chronic kidney disease stage 3a	06/06/26
E11.69	Type 2 diabetes mellitus with other specified complication	06/06/26
E78.49	Other hyperlipidemia	06/06/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/06/26
F32.A	Depression unspecified	06/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/06/26
M54.50	Low back pain unspecified	06/06/26
G89.29	Other chronic pain	06/06/26
E66.01	Morbid (severe) obesity due to excess calories	06/06/26
Z68.42	Body mass index [BMI] 45.0-49.9 adult	06/06/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	06/06/26
Z91.81	History of falling	06/06/26
Z79.82	Long term (current) use of aspirin	06/06/26
Z79.891	Long term (current) use of opiate analgesic	06/06/26

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

Amlodipine Besylate - Amlodipine Besylate 5 mg/tablet / Give 2 Tablet by mouth in the morning for htn
Aspirin - Aspirin 81 mg / 1 Tablet by mouth once a day for S\/P Stroke, aneurysm
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for HLD
Bupropion Hydrochloride - Bupropion Hydrochloride Extended Release 24 Hour 300 MG / Give 1 Tablet by mouth once a day for Depression
Carvedilol - Carvedilol 12.5 mg/tablet / Give 2 tablet by mouth twice a day for HTN
Clonidine Hcl - Clonidine 0.1 mg tablet by mouth every 8 hours as needed for for SBP >180- or DBP>120 for SBP >180- or DBP>120
Duloxetine Hydrochloride - Duloxetine Hydrochloride Delayed Release Particles 30 MG / Give 1 Capsule by mouth once a day for Depression
Gabapentin - Gabapentin 600 mg / 1 Tablet by mouth twice a day for neuropathy
Hydralazine - Hydralazine Hydrochloride 100 mg / 1 Tablet by mouth three times a day for HTN
Miralax - Polyethylene Glycol 3350 Powder 17 GM/SCOOP / Give 17 gram by mouth in the morning for bowel regimen
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for moderate to severe pain
Senna - Senna 8.6 mg/tablet / Give 2 tablet by mouth in the morning for bowel regimen
Terazosin Hydrochloride - Terazosin Hydrochloride 5 mg / 1 Capsule by mouth at bedtime for HTN
Lidocaine Patch - Lidocaine 4 % / Apply 1 patch for lower back transdermal once a day and remove per schedule

14. DME and Supplies:
bath bench, reacher, hospital bed, rolling walker, commode

15. Safety Measures:
walker precautions, standard precautions, fall precautions, ambulates with device

16. Nutrition:
2gm sodium

17. Allergies:
penicillin tylenol tramadol seafood

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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 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 71-year-old female residing alone in a single-level apartment following a recent hospitalization and subsequent subacute rehabilitation stay related to a cerebrovascular accident (CVA); however, discharge paperwork was not available for review during this assessment. Her past medical history is significant for hypertensive heart disease, chronic kidney disease (CKD), diabetes mellitus, hypertension, neuropathy, sciatica, mood disorder, depression, and a left internal carotid artery (ICA) aneurysm. The patient reports limited family involvement and relies on meal delivery services for nutritional needs. The apartment was noted to be significantly cluttered, although a clear pathway for ambulation is maintained. Prior to hospitalization, the patient was living independently, ambulating without an assistive device, performing all basic and instrumental activities of daily living independently, negotiating stairs without assistance, and working approximately 32 hours per week as a cashier at a train station. During the assessment, the patient was alert and oriented and demonstrated significant functional decline from her prior level of function. She reported four falls within the past three months, including three falls occurring on the same day, contributing to a pronounced fear of falling. Physical therapy evaluation revealed impaired mobility characterized by difficulty walking, a flexed trunk posture, wide base of support, poor bilateral foot clearance, intermittent shuffling gait, lower extremity weakness, reduced endurance, and impaired balance. Objective testing demonstrated a Tinetti Balance and Gait Assessment score of 13/28, indicating a high fall risk, and a Timed Up and Go (TUG) score of 59 seconds, reflecting severely impaired mobility and increased risk for falls. The patient is currently unable to safely negotiate stairs without assistance. Based on her functional limitations, recommendation was made for an 18-inch manual wheelchair with elevating leg rests and a 2-inch foam cushion to facilitate safer mobility within the apartment and for longer-distance community mobility. The patient demonstrates fair rehabilitation potential and is expected to benefit from skilled physical therapy services focused on improving strength, balance, endurance, gait quality, safety awareness, and overall functional mobility. Occupational therapy evaluation further identified decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased activity tolerance, all of which negatively impact the patient's ability to perform self-care tasks, functional transfers, and functional ambulation independently. These deficits represent a substantial decline from her prior level of function and interfere with her ability to safely manage daily activities and maintain independence within the home environment. Skilled occupational therapy services are recommended to address these impairments, maximize functional independence, improve safety with activities of daily living and instrumental activities of daily living, and facilitate the patient's return to her highest attainable level of function. The patient has been referred for home health services, including skilled nursing, physical therapy, and occupational therapy evaluations and treatment. Skilled nursing visits are recommended at a frequency of one visit per week for four weeks to monitor the patient's medical status, assess for complications related to her multiple chronic conditions, reinforce medication and disease management education, promote home safety and fall prevention strategies, and coordinate ongoing care. The next skilled nursing visit is scheduled for Wednesday. Ongoing interdisciplinary home health intervention remains medically necessary due to the patient's complex medical history, recent CVA and rehabilitation stay, high fall risk, impaired mobility, functional decline, limited support system, and need for continued monitoring and rehabilitation services to

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 05/28/2026

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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safely remain in the community.
 Date of Order 08/03/2026 Orders Physician Face-to-Face Date: 05/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and 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
 4 - Recertification Notes: The patient is recertified due to very slow progress and continued need for skilled physical therapy to address transfers, gait sequencing, and lower extremity strength. The patient has 13 steps she must negotiate to exit her apartment and continues to require encouragement to participate in stair negotiation, completing only 4 steps with min to CGA and refusing to go further due to knees being sore; potential to benefit from further skilled physical therapy is fair.
 Physician Watts, Charlotte

SN Careplans

SN Goals

PT Careplans

PT WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 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: Wfl

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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, 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 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:No Advance Directive

PT Goals

PATIENT-STATED GOAL: To improve my strength, balance improve walking and get up and down the steps and get back to work.

GOALS
Toilet Transfer - 06. Independent

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

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

Chair to Bed to Chair - 06. Independent

Car Transfer - 06. Independent

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/03/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, dizziness/syncope, M1033 - Exhaustion, muscle weakness, limited endurance, swelling of affected area, limited strength, balance deficit, obesity

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, glucose testing via monitor, monitor intake & output, home exercise program: Seated aps, heelraises, hip abduction, laq, hip flexion, hamstring curls 3x10, gait training on uneven surfaces, gait training/stair training, transfers training, monitor dialysis schedule

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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

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