Home Health Certification and Plan of Care

Order ID: 1150/21103

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52606698800	06/09/2026	From: 08/08/2026 To: 10/06/2026	19036	217058

6. Patient's Name and Address
Tanisha Clendenin
3625 Coolidge Ave,
BALTIMORE, MD 21229-
516-405-9952

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 06/14/1980 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K70.31	Alcoholic cirrhosis of liver with ascites	06/09/26

13. ICD	Other Pertinent Diagnoses	Date
K76.6	Portal hypertension	06/09/26
R60.1	Generalized edema	06/09/26
G62.9	Polyneuropathy unspecified	06/09/26
J45.909	Unspecified asthma uncomplicated	06/09/26
B18.1	Chronic viral hepatitis B without delta-agent	06/09/26
G43.019	Migraine w/o aura intractable without status migrainosus	06/09/26
R16.1	Splenomegaly not elsewhere classified	06/09/26
Z79.01	Long term (current) use of anticoagulants	06/09/26
Z86.0101	Personal history of adeno	06/09/26

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

Protonix - Pantoprazole Sodium eq 40 mg base 40 MG Oral Tablet,Take 1 tablet by mouth every 12 hours for Gerd
Folic Acid - Folic Acid 1 mg 1 MG Oral Tablet,Take 1 tablet by mouth once a day for Supplement/anemia
Aldactone - Spironolactone 50 mg 50 MG Oral Tablet,Take 1 tablet by mouth once a day for fluid retention
Lactulose - Lactulose 10gm/15ml 15ml by mouth twice a day Encephalopathy
Albuterol Inhaler - Albuterol 90mcg by mouth as necessary Asthma
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tablet by mouth twice a day Low blood pressure
Potassium Chloride 10Meq In Plastic Container - Potassium Chloride 20 meq, 2 tablets twice a day by mouth in the morning For low potassium
Furosemide - Furosemide 40 mg 40 MG Oral Tablet, Take 1 tablet by mouth once a day for Cirrhosis of Liver with
Ascites. Takes prn
Ondansetron - Ondansetron 4 mg/2ml by mouth every 8 hours As needed for vomiting and nausea
Gabapentin - Gabapentin 100 mg 100 MG Oral Tablet,Take 2 tablet by mouth twice a day for neuropathic pain
Lidocaine - Lidocaine 4 % Patch, Apply to left foot topically topical once a day one time a day for Pain and remove per
schedule

14. DME and Supplies:
bath bench, reacher, commode, rolling walker, wheelchair, 4 wheeled walker

15. Safety Measures:
standard precautions

16. Nutrition:
regular,

17. Allergies:
penicillin coconut

18.A. Functional Limitations
Bowel/Bladder Incontinence, Ambulation, , Endurance,

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: RLE: 1+, LLE: Non-pitted , MOBILITY: N/A

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

Homebound status:
Due to diagnosis of Alcoholic cirrhosis of liver with ascites, 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 46-year-old woman who continues to benefit from skilled occupational therapy services to address deficits in ADLs, transfers, functional ambulation, and upper-extremity strength. Her functional performance is limited by bilateral lower-extremity pain and upper-extremity weakness. She requires setup assistance for upper-body dressing and assistance with lower-body dressing and bathing. She requires contact guard assistance for sit-to-stand and toilet transfers, with verbal cues for proper limb placement and safe transfer techniques. Continued skilled OT services are recommended to improve functional independence, safety, strength, and ability to perform daily activities.<span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 06/01/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Alcoholic cirrhosis of liver with ascites <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Leopoldine Modjo Kenmogne
3001 Hospital Dr
Cheverly, MD 20785
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444

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 : 06/01/2026

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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Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
4 - Recertification OT Notes: to address deficits in ADLs, transfers, functional ambulation, and upper-extremity strength<o:p></o:p> Physician: Modjo Kenmogne, Leopoldine

SN Careplans

SN Goals

OT Careplans

OT WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26)

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:

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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 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,

OT Goals

PATIENT-STATED GOAL: To be able to get in the shower.;Functional ambulation

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

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

patient/caregiver recalls
* strategies to increase caloric intake
* 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/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

Oral Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/05/2026

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dose, interactions of all new/change meds
Advance Directive:Na

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, abnormal blood pressure, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, heartburn/indigestion, increased urine output, limited endurance, muscle weakness, extremity burn/tingle/numb, balance deficit, rough/scaly/cracked skin

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication Review, cough/deep breathing exercises, therapeutic exercises: 1 lb dumbbells, bilateral shoulder flex, chest presses, horizontal abd/add, bicep curls, transfers training: Sit to stand and commode

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 increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05 Setup or clean-up assistance, Lower Body Dressing - 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	08/05/2026