

Home Health Certification and Plan of Care				Order ID: 1150/21383	
1. Patient's HI claim No. 081092017		2. Start Of Care Date 08/15/2026		3. Certification Period From: 08/15/2026 To: 10/13/2026	
		4. Medical Record No. 29212		5. Provider No. 217058	
6. Patient's Name and Address Florence Reese 1914 Wilhelm Avenue, ROSEDALE, MD 21237- 410-866-4260			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 04/28/1937			9. Sex Female		
11. ICD 13.0 Hyp hrt & chr kidney dis w hrt fail and stg 1-4/unsp chr kidney			Date 08/15/26		
13. ICD 150.32 Chronic diastolic (congestive) heart failure			Date 08/15/26		
N18.9 Chronic kidney disease u			Date 08/15/26		
D63.1 Anemia in chronic kidney disease			Date 08/15/26		
I48.0 Paroxysmal atrial fibrillation			Date 08/15/26		
E03.9 Hypothyroidism unspecified			Date 08/15/26		
K21.9 Gastro-esophageal reflux disease without esophagitis			Date 08/15/26		
F41.9 Anxiety disorder unspecified			Date 08/15/26		
I70.0 Atherosclerosis of aorta			Date 08/15/26		
M85.80 Oth dsrd of bone density and structure unspecified site			Date 08/15/26		
K86.2 Cyst of pancreas			Date 08/15/26		
Z79.01 Long term (current) use of anticoagulants			Date 08/15/26		
Z79.890 Hormone replacement therapy			Date 08/15/26		
14. DME and Supplies: walker			15. Safety Measures: walker precautions, transfer with assist, standard precautions, , medication safety, fall precautions, emergency phone # clearly displayed, cardiac precautions, anticoagulant precautions, ambulates with device, ambulates with assistance		
16. Nutrition: fluid restriction, regular			17. Allergies: adhesive tape gabapentin		
18.A. Functional Limitations Ambulation, Endurance, Bowel/Bladder Incontinence			18.B. Activities Permitted Up As Tolerated		
19. Mental & Psychosocial 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: Yes					
20. Prognosis: fair					
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		
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: <p class="p">Patient is an 89-year-old female referred to skilled home health services following hospitalization for hyponatremia. Patient resides alone in a multilevel home with daily assistance from her adult children and has a first-floor setup. Prior to hospitalization, she was independent with basic self-care, functional transfers, and ambulation; she now presents with decreased standing balance and tolerance, reduced bilateral upper-extremity strength, and decreased activity tolerance, resulting in impaired independence with self-care, transfers, and functional mobility. Patient is incontinent of urine and uses disposable briefs; skin is currently intact. She is on a 40-ounce daily fluid restriction. Skilled nursing, PT, and OT services were ordered, with SN recommended at a frequency of 1W1, 2W1, and 1W2, with the next SN visit scheduled for Tuesday. Skilled OT is medically necessary to address deficits in strength, balance, endurance, self-care, transfers, and functional mobility to promote safety, maximize independence, and facilitate return to prior level of function.<o:p></o:p></p><p class="16"> </p><p class="16">Date of Order<o:p></o:p></p><p class="16">8</p><p class="16"></p><p class="16"></p><p class="16">2026</p><p class="16"><o:p></o:p></p><p class="16">Physician Face-to-Face Date: 08/13/2026</p></td></tr><tr><td colspan="3">23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 08/15/2026</td><td colspan="3">25. Date HHA Received Signed POT</td></tr><tr><td colspan="3">24. Physician's Name and Address Virginia Bialick 5755 Cedar Ln Columbia, MD 21044 PHONE: FAX: NPI: 1902332489</td><td colspan="3">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 : 08/13/2026</td></tr><tr><td colspan="3">27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face</td><td colspan="3">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. PAGE 1 of 3</td></tr></table>					

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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p></p><p class="16">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<o:p></o:p></p><p class="16">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></p><p class="16"><o:p></o:p></p><p class="16">1 - SOC - SN Notes:<o:p></o:p></p><p class="16">OT Eval Notes:<o:p></o:p></p><p class="16">Physician:Bialick, Virginia</p>

SN Careplans

SN WK1: 1 (08/15/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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; 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 ; 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.

N/A

Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength

PROCEDURES: monitor intake & output, bladder training

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet,

SN Goals

PATIENT-STATED GOAL: I want to get better

GOALS

patient/caregiver recalls

- * strategies to increase caloric intake
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * urinary incontinence management including bladder training
- * Kegel exercises
- * skin care
- * 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

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

- * depression-prevention strategies including avoidance of isolation
- * healthy eating
- * sleeping habits
- * identification of activities that bring pleasure
- * preventive care
- * recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/15/2026

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related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule					
OT Careplans			OT Goals		
OT WK2: 1 (08/16/26-08/22/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26) ,WK10: 1 (10/11/26-10/13/26)			PATIENT-STATED GOAL: Get in the shower		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG01700I - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand			GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Shower/Bathe Self - 05. Setup or clean-up assistance		
PROCEDURES: Medication Review : Medication reviewed, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, transfers training, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT			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		
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, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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 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		

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