Home Health Certification and Plan of Care

Order ID: 1150/21340

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15254871	08/12/2026	From: 08/12/2026 To: 10/10/2026	28750	217058

6. Patient's Name and Address
Rina Cuevas Minaya
1643 Riverwood Road,
Essex, MD 21221-
410-627-1343

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 03/16/1962 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E87.6	Hypokalemia	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	08/12/26
K74.69	Other cirrhosis of liver	08/12/26
I81.	Portal vein thrombosis	08/12/26
I10.	Essential (primary) hypertension	08/12/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/12/26
D69.6	Thrombocytopenia unspecified	08/12/26
G47.00	Insomnia unspecified	08/12/26
E04.9	Nontoxic goiter unspecified	08/12/26
D50.9	Iron deficiency anemia unspecified	08/12/26
F32.A	Depression unspecified	08/12/26
Z79.899	Other long term (current) drug therapy	08/12/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/12/26
Z79.4	Long term (current) use of insulin	08/12/26
Z79.01	Long term (current) use of anticoagulants	08/12/26

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

Vitron-C (Iron-Vitamin C) 65-125 MG / 1 Tablet by mouth once a day for Supplement
Tylenol Es 500 Mg - Acetaminophen 0 Give 2 tablet by mouth every 8 hours for Pain Do not exceed 3 grams in 24 hrs
Tramadol Hcl - Tramadol Hydrochloride 25 MG / 1 Tablet by mouth every 12 hours as needed for Pain 6-10
Thiamine Hydrochloride - Thiamine Hydrochloride 100 MG / 1 Tablet by mouth once a day for Supplement
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth twice a day for constipation
Rifaximin 550 MG / 1 Tablet by mouth twice a day for Cirrhosis
Potassium Chloride - Potassium Chloride Extended Release 20 MEQ / 1 Tablet by mouth once a day for Hypokalemia
Pantoprazole Sodium - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth in the morning for GERD
OLANZAPINE 5 MG / 1 Tablet by mouth twice a day for Depression
MIDODRINE HYDROCHLORIDE 5 MG / 1 Tablet by mouth every 8 hours as needed for Hypotension For SBP <95
LACTULOSE 10 GM/15ML / Give 30 ml by mouth every 6 hours for Hepatic Encephalopathy
ELIQUIS 5 MG / 1 Tablet by mouth twice a day for DVT Prophylaxis
Dapagliflozin 5 MG / 1 Tablet by mouth once a day for DM2
Albuterol Sulfate - Albuterol Sulfate 0 Inhalation Nebulization Solution 1.25 MG/3ML / Inhale 3 ml by mouth every 6 hours as needed for Wheezing/SOB
Insulin Glargine Subcutaneous Solution 100 UNIT/ML / Inject 20 unit subcutaneous at bedtime for DM
Biofreeze Roll-On External Gel 4 % 0 Apply to right shoulder topical three times a day for R shoulder pain
Greers Goo Nystatin + Zinc Oxide + Hydrocortisone 0 Apply to buttocks/sacrum topical as necessary for IAD prevention equal parts 1-1-1 of nystatin cream 100.000% zinc paste 40% and hydrocortisone cream 1%

14. DME and Supplies:
walker, grab bars

15. Safety Measures:
walker precautions, standard precautions, medication safety, diabetic precautions, bleeding precautions, bathroom safety, ambulates with device

16. Nutrition:
diabetic

17. Allergies:
statins pollen

18.A. Functional Limitations
Ambulation

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: 0. Never, 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: 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
SN and PT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status:
Due to diagnosis of Hypokalemia, 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="15">The patient is a 64-year-old female with a past medical history significant for type 2 diabetes mellitus, nonalcoholic cirrhosis, esophageal varices, and hypokalemia, who was referred to home health services following an extensive hospitalization earlier this year for hematemesis secondary to variceal bleeding, complicated by hemorrhagic shock requiring transfusion and respiratory failure requiring intubation, mechanical ventilation, and subsequent tracheostomy. She was later weaned from ventilatory support, transferred to a subacute rehabilitation facility on room air, and subsequently discharged home. The patient is alert and oriented 4 and reports occasional nausea, vomiting, shortness of breath with exertion, and intermittent dizziness but denies pain. She lives alone in a two-story townhouse, although family members are currently staying with her to provide assistance during recovery. Prior to hospitalization, she was independent with activities of daily living, functional transfers, and community ambulation without an assistive device; she currently ambulates slowly without an assistive device in the home and uses a walker outside the home. She demonstrates bilateral lower-extremity weakness (left greater than right), impaired balance, decreased standing tolerance and activity tolerance, and an unsteady gait, with a Tinetti score of 15/28 and a Timed Up and Go (TUG) of 25 seconds. She also has difficulty negotiating stairs, and the existing stair rail ends midway, requiring her to crawl up the remaining steps. Orthostatic hypotension testing was negative in sitting and standing, and oxygen saturation remained 96-97% on

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Oluwakemi Ajide
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: 410-933-7666 NPI: 1184919151

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 : 07/29/2026

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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room air with activity. Mild lower-extremity edema was noted, and she was instructed to elevate her legs frequently and perform ankle pumps for 1-2 minutes six times daily. Skilled PT and OT services are recommended to address deficits in strength, balance, endurance, mobility, transfers, and self-care to promote safety and facilitate return to her prior level of independence. An AMN language interpreter was utilized during the assessments, medication review and education were completed, and teaching was provided regarding medication compliance, indications, side effects, and dosing frequency. A message was left with the PCP requesting an order for a blood pressure monitor due to the patient's use of midodrine for systolic blood pressure readings below 95 mmHg. Fasting blood glucose was 119 mg/dL.<o:p></o:p>   Date of Order<o:p></o:p> 08/12/2026<o:p></o:p> Physician Face-to-Face Date: 07/29/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypokalemia<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 - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Ajide , Oluwakemi

SN Careplans

SN WK1: 1 (08/12/26-08/15/26) ,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: 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

SN Goals

PATIENT-STATED GOAL: To be strong and independent again.

GOALS
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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/12/2026

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Advance Directive:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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 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

PT Careplans

PT 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) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Aps, laq, hip flexion, hip abduction, heelraises, toe raises all with resistance as tolerated, progress to standing heelraises, hip flexion, hip abduction, hamstring curls as tolerated with ue support, dynamic standing balance exercises: Perform dynamic balance exercises to improve reaction time and use of hip ankle step strategies, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: I want to walk better stand easier and get up and down steps again with less help

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

Picking Up Object - 06. Independent

4 Steps - 04. Supervision or touching assistance

12 Steps - 05. Setup or clean-up assistance

OT Careplans

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with transferring: Skilled OT, 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, 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

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
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

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

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
08/12/2026