

Home Health Certification and Plan of Care				Order ID: 1150/21474										
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					10. Medications: Dose/Frequency/Route (N)ew (C)hanged AMLODIPINE 10 MG tablet by mouth daily Commonly known as: NORVASC LEVOTHYROXINE 112 MCG tablet by mouth daily before breakfast Commonly known as: SYNTHROID Apixaban 5 MG / 1 Tablet by mouth twice a day Commonly known as: Eliquis FUROSEMIDE 20 MG / 1 Tablet by mouth 1 time daily as needed For weight gain> 2-3 lbs secondary to fluid. Commonly known as: LASIX				
11. ICD I13.0		Principal Diagnosis Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			Date 08/15/26		11. ICD I13.0 13. ICD I50.32 N18.9 D63.1 I48.0 E03.9 K21.9 F41.9 I70.0 M85.80 K86.2 Z79.01 Z79.890 14. DME and Supplies: walker 16. Nutrition: fluid restriction, regular 18.A. Functional Limitations Ambulation, Endurance, Bowel/Bladder Incontinence 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. 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							
13. ICD I50.32 N18.9 D63.1 I48.0 E03.9 K21.9 F41.9 I70.0 M85.80 K86.2 Z79.01 Z79.890		Other Pertinent Diagnoses Chronic diastolic (congestive) heart failure Chronic kidney disease u Anemia in chronic kidney disease Paroxysmal atrial fibrillation Hypothyroidism unspecified Gastro-esophageal reflux disease without esophagitis Anxiety disorder unspecified Atherosclerosis of aorta Oth dsrd of bone density and structure unspecified site Cyst of pancreas Long term (current) use of anticoagulants Hormone replacement therapy			Date 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26									
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														
17. Allergies: adhesive tape gabapentin														
18.B. Activities Permitted Up As Tolerated														
22.B.Discharge Plans patient will be responsible for managing treatment add discharge plan patient will be responsible for managing treatment														
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 08/15/2026					25. Date HHA Received Signed POT									
24. Physician's Name and Address Binu Batajoo Shrestha 1447 York Rd Lutherville, MD 21093 PHONE: 4109337600 FAX: 14109337666 NPI: 1972850980					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									
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. PAGE 1 of 3									

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			1487113239		

style="font-family: Calibri; font-size: 11pt;">1 - SOC -

SN Notes:<o:p></o:p></p><p class="16">OT Eval Notes:<o:p></o:p></p>Physician: Binu Batajoo, Shrestha

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/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 08/17/2026 Problems : M1610 - Urinary Incontinence M1033 - Unintentional Weight Loss M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management abnormal blood pressure poor muscle tone muscle weakness limited endurance limited strength D0160 - Depression 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, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule	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/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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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OT Careplans	OT Goals
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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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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) 08/19/2026 Problems : GG017001 - 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 M1400 - Dyspnea 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 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 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		PATIENT-STATED GOAL: Get in the shower 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 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 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		

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