Home Health Certification and Plan of Care

Order ID: 1150/21484

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49128331	08/21/2026	From: 08/21/2026 To: 10/19/2026	29253	217058

6. Patient's Name and Address

Ethel Neely-Webb
111 ROCKVALE RD,
SYKESVILLE, MD 21784-
410-456-0714

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 07/26/1941 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
I50.31	Acute diastolic (congestive) heart failure	08/21/26
N39.0	Urinary tract infection site not specified	08/21/26
E11.9	Type 2 diabetes mellitus without complications	08/21/26
I48.0	Paroxysmal atrial fibrillation	08/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/21/26
E78.5	Hyperlipidemia unspecified	08/21/26
E03.9	Hypothyroidism unspecified	08/21/26
E06.3	Autoimmune thyroiditis	08/21/26
F41.9	Anxiety disorder unspecified	08/21/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/21/26
Z95.1	Presence of aortocoronary bypass graft	08/21/26
Z79.82	Long term (current) use of aspirin	08/21/26

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

Buspar - Buspirone Hydrochloride 5 mg by mouth twice a day Anxiety
Spironolactone - Spironolactone 25 mg by mouth in the morning
Ismo - Isosorbide Mononitrate 60 mg by mouth in the morning Chest pain
Colchicine - Colchicine 0.6mg by mouth in the morning Gout
Xarelto - Rivaroxaban 20 mg by mouth in the evening
ASPIRIN 81 mg by mouth twice a day
ONDANSETRON 4 mg by mouth as directed
HYDRALAZINE 10 mg by mouth in the morning
ATORVASTATIN 40 mg by mouth in the evening
ACETAMINOPHEN 650 mg by mouth as necessary
FAMOTIDINE 20 mg by mouth twice a day
LEVOTHYROXINE 125 mcg by mouth before meal
Metoprolol Tartrate - Metoprolol Tartrate 25 mg by mouth twice a day
FUROSEMIDE 40 mg by mouth twice a day
GLUCAGON 1 mg by mouth as necessary
HYDROXYZINE 10 mg by mouth twice a day
SERTRALINE 50 mg by mouth in the morning
COLCHICINE 0.6 mg by mouth in the morning
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg by mouth once a day
Desyrel - Trazodone Hydrochloride 50 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** by mouth at bedtime

14. DME and Supplies:

rolling walker, bath bench, walker, grab bars, commode, hospital bed, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, bedrails up while in bed, bathroom safety, cardiac precautions, avoid temperature extremes, medication safety, , , , , , , , wheelchair precautions, fall precautions, infectious material management, diabetic precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision, aspiration precautions

16. Nutrition:

low sodium

17. Allergies:

Alendronate Eliquis [apixaban] Nifedipine SR Prinivil [lisinopril] High Tomato nor

18.A. Functional Limitations

Ambulation, Dyspnea With Minimal Exertion, Endurance

18.B. Activities Permitted

Cane, Up As Tolerated, Walker

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: No

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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 an 85-year-old female who was recently rehospitalized at University of Maryland Baltimore Washington following a recent 3-vessel coronary artery bypass graft (CABG) performed on 07/31/2026, with Maze procedure and left atrial appendage (LAA) clip. Her postoperative course was complicated by acute-on-chronic heart failure with preserved ejection fraction (HFpEF/dCHF, EF 60%) and a subsequent hospitalization related to a urinary tract infection (UTI). Her past medical history is significant for coronary artery disease (CAD), hypertension (HTN), atrial fibrillation (AFib), hyperlipidemia (HLD), hypothyroidism, congestive heart failure (CHF), type 2 diabetes mellitus (DM2), anxiety, osteopenia, heart murmur, and prior hypothermia. The patient resides in a one-level home with her husband and receives 24-hour care and support from her husband and two daughters, who live outside the home, as well as assistance from a home health aide seven days per week. The patient is currently ambulatory with a rolling walker but demonstrates generalized and bilateral lower-extremity weakness, decreased endurance, impaired balance, altered gait mechanics, and reduced functional mobility following her recent cardiac surgery and hospitalizations. She requires assistance with upper- and lower-body dressing and assistance with showering. She requires contact guard assistance for sit-to-stand and toilet transfers and verbal cues for proper use of her heart pillow and adherence to sternal precautions. Bilateral upper-extremity manual muscle testing is approximately 3-/5, with limitations related to current sternal precautions. The patient is to maintain sternal precautions for three months following the 07/31/2026 surgery. During skilled nursing assessment, the patient denied chest pain, fever, nausea, or vomiting. Lung sounds were clear to auscultation, respirations were without noted distress, and the abdomen was rounded with normoactive bowel sounds. The patient reported no difficulty voiding, and her last bowel movement was the morning of assessment. No peripheral edema was observed, skin was intact, and pedal pulses were present. A midline chest surgical incision was present without signs or symptoms of infection or other acute postoperative complications. The patient was able to tolerate movement and follow her established toileting schedule. Skilled nursing completed medication reconciliation and provided education to the patient and caregiver regarding medication effects, potential adverse reactions, and the importance of monitoring for concerning symptoms. Education was also provided regarding postoperative infection prevention, including proper hand hygiene, recognition of signs and symptoms of infection, and when to notify the healthcare provider. The patient and caregiver verbalized understanding of all education provided. Skilled home health physical therapy is medically necessary due to the patient's significant functional decline following CABG, Maze procedure, LAA clip, and subsequent hospitalization for acute-on-chronic HFpEF and UTI. Skilled PT will focus on progressive strengthening within prescribed cardiac and sternal precautions, gait and transfer training, balance activities, functional mobility training, endurance and activity-tolerance progression, energy-conservation techniques, fall-risk reduction, and reinforcement of sternal precautions and safe use of the heart pillow during functional activities. Continued skilled nursing will monitor cardiopulmonary status, postoperative surgical-site integrity, medication response, signs of infection or other complications, and overall recovery. The plan of care is to continue skilled nursing and PT services to promote safe functional recovery, improve strength and endurance, maximize

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Felecia Waddleton Willis
7070 Samuel Morse Dr
Columbia, MD 21046
PHONE: FAX: NPI: 1366673097

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 : 08/14/2026

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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independence with mobility and activities of daily living, reduce fall risk, and safely progress the patient toward her prior level of function while maintaining all post-CABG precautions.
 Date of Order 08/21/2026 Orders Physician Face-to-Face Date: 08/14/2026 Clinical Condition Requiring home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive heart disease with heart failure Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1-SOC-SN Notes: SOC
 Physician Waddleton Willis, Felecia

SN Careplans

SN WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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:POLST (Physician Orders for Life-Sustaining Treatment)

08/26/2026 Problems : #3 - Observable Surgical Wound - Anterior Left Below Knee -
#2 - Observable Surgical Wound - Anterior Right Below Knee -
#1 - Observable Surgical Wound - Anterior Left Upper Chest -
M1600 - UTI
M1400 - Dyspnea
M2020 - Oral Med Management
chest pain
weak pulses in feet
abn cholesterol > 200 mg/dL
abnormal blood pressure
balance deficit
lethargy
difficulty sleeping
daytime fatigue
limited strength
nausea/vomiting
heartburn/indigestion
loss of appetite
bruising/discoloration
abnormal BS < 70/140 > mg/dL
abnormal thyroid <> 0.40 - 4.50 mIU/mL
B1000 - Vision Deficit

SN Goals

PATIENT-STATED GOAL: I want to have my strength back so I can help around the house more

GOALS
patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026

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M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Upper Chest -: Monitor and assess, physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Right Below Knee -: Monitor and assess, physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Left Below Knee -: Monitor and assess, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26)

08/26/2026 Problems : 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: CV Endurance Training:: Perform low-intensity aerobic conditioning consistent with Phase II cardiac rehabilitation principles. Instruct patient in pacing, diaphragmatic breathing, energy conservation, and recognition of cardiac warning signs. Avoid Valsalva, heavy resistance, and activities that stress the sternum; maintain prescribed sternal precautions. Stop activity for chest pain/pressure, marked dyspnea, dizziness, palpitations, abnormal vital-sign response, or other concerning symptoms and notify appropriate medical personnel., home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 30 reps ea. 1-2 set per day

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To have a successful post surgical outcome

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

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26)

08/26/2026 Problems : 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: Therapeutic exercises : IIb dumbbells below shoulder height as tolerated near waist to stay compliant with sternal precautions, Transfer training: Sit to stand transfers and toliet transfers, Functional ambulation : Using cane/rolling walker, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, work simplification/energy conservation

OT Goals

PATIENT-STATED GOAL: Patient wants to go back to being independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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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 - 04. Supervision or touching assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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