

Home Health Certification and Plan of Care				Order ID: 1150/21511	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1ER8WA0WR35		08/21/2026		From: 08/21/2026 To: 10/19/2026	
4. Medical Record No.		5. Provider No.			
29293		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Mildred Foster 2902 Bayonne Avenue, BALTIMORE, MD 21214- 443-846-2031			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
03/18/1927			Female		
11. ICD		Principal Diagnosis		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		08/21/26	
13. ICD		Other Pertinent Diagnoses		Date	
N18.32		Chronic kidney disease stage 3b		08/21/26	
R05.9		Cough unspecified		08/21/26	
K59.00		Constipation unspecified		08/21/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		08/21/26	
F03.918		Unsp dementia unsp severity with other behavioral disturb		08/21/26	
E78.5		Hyperlipidemia unspecified		08/21/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		08/21/26	
E55.9		Vitamin D deficiency unspecified		08/21/26	
M19.90		Unspecified osteoarthritis unspecified site		08/21/26	
G47.00		Insomnia unspecified		08/21/26	
Z87.01		Personal history of pneumonia (recurrent)		08/21/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		08/21/26	
Z79.82		Long term (current) use of aspirin		08/21/26	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, bath bench, AFL			smoke detectors , activity supervision, cardiac precautions, hand rails, transfer with assist, supervision at all times, bleeding precautions, wheelchair precautions, fall precautions, medication safety, standard precautions, emergency phone # clearly displayed, bathroom safety		
16. Nutrition:			17. Allergies:		
cardiac diet, low sodium, low cholesterol			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation, Bowel/Bladder Incontinence			Wheelchair, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No		
20. Prognosis:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.			SN and PT: family/caregiver will be responsible for managing treatment OT: anc		
Homebound status:					
Due to diagnosis of Hypertensive chronic kidney disease with 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					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 08/21/2026					
24. Physician's Name and Address				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.	
Lawanda Rollins Mrs. 8831 Satyr Hill Rd Ste 100 Parkville, MD 21234 PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165				F2F date : 06/30/2026	
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 4	

Home Health Certification and Plan of Care				Order ID: 1150/21511
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1ER8WA0WR35	08/21/2026	From: 08/21/2026 To: 10/19/2026	29293	217058
6. Patient's Name and Address Mildred Foster 2902 Bayonne Avenue, BALTIMORE, MD 21214- 443-846-2031		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		
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:No Advance Directive 08/24/2026 Problems : limited endurance (MS) muscle weakness (MS) constipation (GI) loss of appetite (NU) A1250 - Lack of Necessary Transportation M1700 - Cognition M1745 - Behavioral Issues M1610 - Urinary Incontinence M1620 - Bowel Incontinence M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management balance deficit limited range of motion limited strength B1000 - Vision Deficit meal preparation M2102c - Med Admin M2102f - Patient Supervision M2102d - Caregiver Performs Treatment M1033 - Unintentional Weight Loss PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, 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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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, * 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's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		* bowel incontinence management including dietary changes * bowel training * skin care * 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 * 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's transportation needs are met patient is adequately supervised meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		
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) 08/26/2026 Problems : GG0170G1 - Car Transfer GG0130A1 - Eating GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130F1 - Upper Body Dressing GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene		PT Goals PATIENT-STATED GOAL: To be able to walk in the house with my walker with less help GOALS Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 03. Partial/moderate assistance Walk 10 Feet - 04. Supervision or touching assistance		
Signature of Physician:		Date		
		PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		08/21/2026		

Home Health Certification and Plan of Care				Order ID: 1150/21511
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1ER8WA0WR35	08/21/2026	From: 08/21/2026 To: 10/19/2026	29293	217058
6. Patient's Name and Address Mildred Foster 2902 Bayonne Avenue, BALTIMORE, MD 21214- 443-846-2031		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		
GG0130B1 - Oral Hygiene GG0170L1 - Walk 10 ft on Uneven Surface GG0170E1 - Chair to Bed to Chair GG0170D1 - Sit to Stand GG0170P1 - Picking Up Object GG0170O1 - 12 Steps GG0170N1 - 4 Steps GG0170M1 - 1 - Step (curb) GG0170K1 - Walk 150 Feet GG0170J1 - Walk 50 ft with 2 Turns GG0170I1 - Walk 10 Feet GG0170F1 - Toilet Transfer PROCEDURES: Family training : Transfers, therex, bed mobility, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
OT Careplans OT WK1: 1 (08/21/26-08/22/26) 08/26/2026 Problems : M1400 - Dyspnea 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 - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance		OT Goals PATIENT-STATED GOAL: Evaluation only 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 - 01. Dependent Toileting Hygiene - 01. Dependent Shower/Bathe Self - 02. Substantial/maximal assistance Upper Body Dressing - 01. Dependent Lower Body Dressing - 01. Dependent Don/Doff Footwear - 01. Dependent Eating - 05. Setup or clean-up assistance		

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