Home Health Certification and Plan of Care

Order ID: 1150/21586

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
64295149	08/25/2026	From: 08/25/2026 To: 10/23/2026	29573	217058

6. Patient's Name and Address
Gwynndolynn Berkowitz
30 Taverngreen Court,
Baltimore, MD 21209-
202-760-0830

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 03/09/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/25/26
N18.6	End stage renal disease	08/25/26
D63.1	Anemia in chronic kidney disease	08/25/26
M62.89	Other specified disorders of muscle	08/25/26
E03.8	Other specified hypothyroidism	08/25/26
G91.2	(Idiopathic) normal pressure hydrocephalus	08/25/26
E78.2	Mixed hyperlipidemia	08/25/26
L30.4	Erythema intertrigo	08/25/26
H54.40	Blindness one eye unspecified eye	08/25/26
Z99.2	Dependence on renal dialysis	08/25/26
Z93.3	Colostomy status	08/25/26
Z79.891	Long term (current) use of opiate analgesic	08/25/26
Z87.891	Personal history of nicotine dependence	08/25/26

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

ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth as necessary every 6 hours for Pain and for Temperature greater than 101.F Total Dose 650mg ** DO NOT EXCEED 3 grams in 24 hours**
BENADRYL 25 MG / 1 Capsule by mouth every 6 hours as needed for Itching
Calcium Acetate - Calcium Acetate 667 MG / 1 Capsule by mouth after meal for ESRD
COZAAR 25 MG / 1 Tablet by mouth in the morning for HTN
DOXEPIN HYDROCHLORIDE 10 MG / 1 Capsule by mouth at bedtime for insomnia
Levothyroxine Sodium - Levothyroxine Sodium 175 MCG / 1 Tablet by mouth one time a day for Hypothyroidism
Lidocaine-Prilocaine Topical Cream 2.5-2.5 % / Apply to Bilateral Knees topical in the morning for Pain
LIPITOR 40 MG / 1 Tablet by mouth at bedtime for HLD
Metoprolol Tartrate - Metoprolol Tartrate 25 MG / 1 Tablet by mouth two times a day for HTN
Naloxone Hcl - Naloxone Hydrochloride Liquid 4 MG/0.1ML / 1 spray Alternating nostrils Nasal as needed for Unresponsiveness Give 1 spray (4mg/0.1ml) in nostril for unresponsiveness and/or respiratory depression related to opioid ingestion; May repeat 2-3 minutes in alternating nostrils as needed until resident is responsive, or emergency medical assistance arrives.
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG / 1 Tablet by mouth every 6 hours as needed for Pain
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Tablet by mouth in the morning for Vitamin D Deficiency
RENA-VITE 1 MG / 1 Tablet by mouth in the evening for ESRD Give before dinner
Lidocaine Patch - Lidocaine 4% transdermal once a day Pain management
Nystatin - Nystatin 100,000 units/gm 100000 topical as directed
Nystatin Powder - Nystatin Powder 100000 topical as directed

14. DME and Supplies:
wheelchair, walker, ostomy supplies, hospital bed, hand held shower, grab bars, bath bench, commode, cane

15. Safety Measures:
transfer with assist, wheelchair precautions, walker precautions, supervision at all times, standard precautions, no bp left arm, medication safety, fall precautions, bathroom safety, bedrails up while in bed, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet, low cholesterol, low sodium, renal diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Legally Blind, Endurance, Ambulation

18.B. Activities Permitted
Cane, Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial 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: No

20. Prognosis: fair

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal 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:
Electronically Signed by Messick, Charles RN on 08/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Chetan Sharma
1447 York Rd
Lutherville-Timonium, MD 21093
PHONE: FAX: NPI: 1477734341

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 : 08/21/2026

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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Gwynndolynn Berkowitz 30 Taverngreen Court, Baltimore, MD 21209- 202-760-0830	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

Start of care was completed for a female patient referred to home health for anemia and end-stage renal disease (ESRD) requiring hemodialysis every Monday, Wednesday, and Friday at 3:00 PM. Medical history is significant for kidney and heart disease, ESRD, anemia, hypothyroidism, hyperlipidemia, blindness, hydrocephalus, muscle disorder, long-term nicotine use with current vaping, and recent hospitalization for a perforated colon requiring colostomy placement. Patient resides with her daughter, caregiver, and family on the lower level of the home and has 24-hour supervision and assistance as needed for activities of daily living and household tasks. She utilizes a rolling walker, wheelchair, cane, hospital bed, shower chair, raised toilet seat with arm rails, and bedside commode, and requires specialized transportation due to mobility limitations. Patient is able to answer questions appropriately but was unable to recall a recently prescribed medication; caregiver verified the prescription, and medication education was provided, including medication names, purposes, dosages, and directions. No falls or abnormal bleeding were reported. Colostomy appliance was changed during the visit; stoma was pink and intact without inflammation, with moderate thick, soft, brown stool noted. Patient denied urinary discomfort, nausea, or vomiting and reported intermittent appetite. No open areas or other significant skin abnormalities were noted; Nystatin powder and cream are used as needed for previously reported irritation beneath the breasts, with no current inflammation observed. Patient reported bilateral knee pain rated 4/10, effectively managed with Tylenol as needed, and uses oxycodone only as needed. Patient was educated regarding the risks associated with continued vaping and verbalized understanding. PT and OT evaluations were ordered; PT evaluation revealed significant functional decline, including bilateral lower-extremity weakness (2-/5), requiring moderate assistance for bed mobility and inability to maintain unsupported sitting at the edge of the bed. Transfers could not be assessed because the colostomy appliance became loose during bed mobility and required replacement. Patient would benefit from continued skilled nursing, physical therapy, and occupational therapy to address disease and medication management, colostomy care, safety, strength, balance, functional mobility, fall prevention, and assistance with activities of daily living, with the goal of improving independence and returning toward prior level of function.
<o:p></o:p> Date of Order<o:p></o:p> 08/25/2026<o:p></o:p> Physician Face-to-Face Date: 08/21/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease<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> Physician: Sharma, Chetan

SN Careplans

SN WK1: 1 (08/25/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26)

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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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; 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.

SN Goals

PATIENT-STATED GOAL: To improve strength with walking

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* 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

patient's transportation needs are met

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026

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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.

Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to ostomy. Assess: Musculoskeletal status
Advance Directive:SEE MOLST

08/25/2026 Problems : itchy skin (SK)
A1250 - Lack of Necessary Transportation
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abn cholesterol > 200 mg/dL
abnormal blood pressure
pain radiating to arms/legs
weak hand grips
balance deficit
poor muscle tone
muscle weakness
limited endurance
limited range of motion
limited strength
loss of appetite
abnormal thyroid <> 0.40 - 4.50 mIU/mL
B1000 - Vision Deficit
meal preparation
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, apply collection/fistula pouch, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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

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 WK1: 1 (08/25/26-08/29/26) ,WK3: 1 (09/06/26-09/12/26) ,WK5: 1 (09/20/26-09/26/26) ,WK7: 1 (10/04/26-10/10/26) ,WK9: 1 (10/18/26-10/23/26)

08/28/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170D1 - Sit to Stand
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer

PT Goals

PATIENT-STATED GOAL: To be able to stand and walk again

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Signature of Physician:

Date

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

Date
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GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, work simplification/energy conservation, gait training/stair training: ., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate 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:
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Date
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