Home Health Certification and Plan of Care

Order ID: 1150/21677

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7XN1T85JK27	08/28/2026	From: 08/28/2026 To: 10/26/2026	29702	217058

6. Patient's Name and Address

Juanita Ramos
1232 Aster Drive,
Glen Burnie, MD 21061-
631-494-2450

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 10/23/1939 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	08/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/28/26
N18.6	End stage renal disease	08/28/26
I32.	Pericarditis in diseases classified elsewhere	08/28/26
D63.1	Anemia in chronic kidney disease	08/28/26
Z99.2	Dependence on renal dialysis	08/28/26
E78.5	Hyperlipidemia unspecified	08/28/26
E03.9	Hypothyroidism unspecified	08/28/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/28/26
D69.6	Thrombocytopenia unspecified	08/28/26
E43.	Unspecified severe protein-calorie malnutrition	08/28/26
Z79.82	Long term (current) use of aspirin	08/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/28/26
Z79.890	Hormone replacement therapy	08/28/26

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

Alogliptin Benzoate 6.25 MG / 1 Tablet by mouth once a day for DM
ACETAMINOPHEN 325 mg/tablet / Give 2 tablet by mouth every 6 hours for pain
Albuterol Sulfate - Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution / 2 puff inhale orally every 6 hours as needed for Wheezing/SOB
ALLOPURINOL 100 mg/tablet / Give 0.5 tablet by mouth one time a day every Mon, Wed, Fri for gout
ASPIRIN Chewable 81 MG / 1 Tablet by mouth one time a day for prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth one time a day for hypercholesterolemia
CARVEDILOL 12.5 mg/tablet / Give 2 tablet by mouth two times a day for hypertension hold if spb is less than 110 or pulse is less than 60
CETIRIZINE HYDROCHLORIDE 10 MG / 1 Capsule by mouth every 24 hours as needed for itching
CLOBETASOL PROPIONATE Topical Liquid 0.05 % / Apply to extremities topically every 24 hours as needed for skin irritation
Clonidine Hcl - Clonidine 0.1 MG / 1 Tablet by mouth every 24 hours as needed for hypertension sbp greater than 150
CYCLOSPORINE Ophthalmic Emulsion 0.05 % / Instill 1 drop in both eyes every 12 hours as needed for dry eyes
FAMOTIDINE 10 MG / 1 Tablet by mouth two times a day for gerd
GABAPENTIN 100 mg/capsule / Give 2 capsule by mouth at bedtime for nerve pain
Hydralazine Hydrochloride - Hydralazine Hydrochloride 25 mg/tablet / Give 3 tablet by mouth three times a day for Hypertension hold if SBP < 110/50
HYDROCORTISONE Topical Cream 1 % / Apply to All Extremeties topically every day and evening shift for Dermatitis
Lasix - Furosemide 80 MG / 1 Tablet by mouth one time a day every Tue, Thu, Sat, Sun for Heart Failure
Levothyroxine Sodium - Levothyroxine Sodium 50 MCG / 1 Tablet by mouth one time a day for hypothyroidism
Lidocaine Patch - Lidocaine 4 % / Apply to back and neck topically one time a day for pain management place 2 patches and remove per schedule
LOSARTAN POTASSIUM 100 MG / 1 Tablet by mouth one time a day for hypertension hold if sbp is less than 110 or pulse is less than 60
NIFEDIPINE ER 24 Hour 90 MG / 1 Tablet by mouth one time a day for Hypertension
Rena-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Rx 1 Mg / 1 Tablet by mouth one time a day for supplement
Caltrate 600+D3 (Calcium Carbonate-Cholecalciferol) 600-20 MG-MCG / 1 Tablet by mouth twice a day for supplement

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, commode, wound care supplies, hospital bed, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, sharps precautions, cardiac precautions, supervision at all times, wheelchair precautions, standard precautions, remove environmental barriers, infectious material management, fall precautions, diabetic precautions, avoid temperature extremes, bedrails up while in bed, ambulates with device, activity supervision

16. Nutrition:

regular

17. Allergies:

formax hydralazine fosamax

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Hearing

18.B. Activities Permitted

Wheelchair, Up As Tolerated, Cane, 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: 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

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Patrick Dantzer
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 4432706760 FAX: 14103672132 NPI: 1740572437

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 : 07/26/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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

Clinical Condition Requiring Homecare:

Patient's start-of-care (SOC) consent was signed. Patient is an elderly female who lives with her husband, daughter, and extended family in a small, single-level in-law suite/apartment with a ground-level entrance, with relatives available 24 hours a day for support. She was hospitalized on April 7 following a fall and subsequently transferred to rehabilitation, from which she was discharged home on August 24. Past medical history is significant for hypertension, hyperlipidemia, thyroid disease, type 2 diabetes mellitus, neuropathy, gout, and chronic kidney disease requiring hemodialysis on Monday, Wednesday, and Friday via a right upper-chest dialysis catheter. Patient is alert and oriented x4. Lungs are clear to auscultation; however, patient reports shortness of breath at rest and denies chest pain, headache, nausea, or vomiting. Abdomen is flat with normoactive bowel sounds, and last bowel movement was yesterday morning. Patient reports decreased urine output associated with dialysis. No wounds or edema noted, and pedal pulses are present. Patient ambulates with a walker and uses transportation to attend dialysis. She reports approximately 2-3 falls within the past two months and has experienced a decline in functional mobility, including difficulty with transfers, unsteady gait, impaired balance, decreased bilateral lower-extremity strength, bilateral shoulder pain, difficulty negotiating stairs, and decreased safety awareness. She reports that she was previously able to negotiate stairs to perform cooking and laundry tasks but is currently unable to safely manage the steps. Due to her history of falls, impaired balance, weakness, and need for a walker and human assistance to safely leave the home, she is considered homebound and at increased risk for further falls, functional decline, and loss of independence. Patient will benefit from skilled home health PT services to address strength, balance, gait, transfers, stair negotiation, functional mobility, and safety awareness and to promote a return toward her prior level of function. Patient and caregiver were educated regarding medication management, including medication effects and potential adverse reactions, and patient is in agreement with the plan of care.<o:p></o:p> Date of Order<o:p></o:p> 08/28/2026<o:p></o:p> Physician Face-to-Face Date: 07/26/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and 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: Dantzer, Patrick

SN Careplans

SN WK1: 1 (08/28/26-08/29/26) ,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) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status 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; Assess the patient's incision on post op day 7 and the

SN Goals

PATIENT-STATED GOAL: I want to stop falling

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

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
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026

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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)

09/01/2026 Problems : #1 - Other - Anterior Right Upper Chest -
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
abn cholesterol > 200 mg/dL
abnormal blood pressure
difficulty sleeping
balance deficit
limited strength
limited endurance
decreased urine output
nausea/vomiting
heartburn/indigestion
loss of appetite
swell/redness surround. skin
abnormal BS < 70/140 > mg/dL
abnormal thyroid <> 0.40 - 4.50 mIU/mL
B0200 - Hearing Deficit
B1000 - Vision Deficit
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Other - Anterior Right Upper Chest -: HD port leave OTA, cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, assist with fall prevention: fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms, monitor dialysis schedule

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, * 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 hearing-impaired including installing special fire-detector/CO2 alarms, 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, caregiver administers and/or packages medications appropriately

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

caregiver administers and/or packages medications appropriately

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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PT 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) ,WK7: 1 (10/04/26-10/10/26)

09/01/2026 Problems : GG0170G1 - Car Transfer
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
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: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to bilateral shoulders x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training: Walker, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with fall prevention: teach falls risk reduction strategies

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 - 06. Independent, 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To be able to get back upstairs

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up 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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
08/28/2026