# Home Health Certification and Plan of Care

**Order ID: 1150/21706**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 8XJ5RG3DJ73 | 08/28/2026 | From: 08/28/2026 To: 10/26/2026 | 29530 | 217058 |

**6. Patient's Name and Address**

Susan Waters
6322 Dogwood Rd,
GWYNN OAK, MD 21207-
443-824-3574

**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** 06/30/1959 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| M10.062 | Idiopathic gout left knee | 08/28/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| D64.89 | Other specified anemias | 08/28/26 |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy | 08/28/26 |
| G89.29 | Other chronic pain | 08/28/26 |
| I11.0 | Hypertensive heart disease with heart failure | 08/28/26 |
| I50.22 | Chronic systolic (congestive) heart failure | 08/28/26 |
| I82.422 | Acute embolism and thrombosis of left iliac vein | 08/28/26 |
| F32.89 | Other specified depressive episodes | 08/28/26 |
| K26.9 | Duodenal ulcer unsp as acute or chronic w/o hemor or perf | 08/28/26 |
| E44.1 | Mild protein-calorie malnutrition | 08/28/26 |
| K21.00 | Gastro-esophageal reflux dis with esophagitis without bleed | 08/28/26 |
| Z85.3 | Personal history of malignant neoplasm of breast | 08/28/26 |
| Z90.11 | Acquired absence of right breast and nipple | 08/28/26 |
| Z86.711 | Personal history of pulmonary embolism | 08/28/26 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 08/28/26 |
| Z79.01 | Long term (current) use of anticoagulants | 08/28/26 |

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

BUPROPION HYDROBROMIDE 150 mg by mouth daily
CARVEDILOL 25 mg by mouth twice a day
Allopurinol 100mg by mouth once a day Gout
Acetaminophen - Acetaminophen 325mg- 2 tablets by mouth every 4 hours PRN for pain
ELIQUIS 5 mg by mouth BID
Folic Acid - Folic Acid 1 mg by mouth once a day
GABAPENTIN 100 mg by mouth TID
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50,000 unit caps by mouth once a week Fridays
PANTOPRAZOLE 40 mg 40 mg by mouth BID
LOSARTAN POTASSIUM 50 mg by mouth twice a day
METFORMIN 500 mg by mouth BID with meals
NIFEDIPINE 90 mg by mouth once a day
OXYCODONE 10 mg by mouth q6h PRN for severe breakthrough pain

**14. DME and Supplies:**

wheelchair, bath bench

**15. Safety Measures:**

wheelchair precautions, transfer with assist, medication safety, fall precautions, diabetic precautions, cardiac precautions, bathroom safety, activity supervision

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

codeine diphenhydramine peanuts

**18.A. Functional Limitations**

Ambulation

**18.B. Activities Permitted**

Wheelchair, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**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**

patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Idiopathic gout left knee, 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:** Susan Waters is a 67-year-old female with a significant past medical history of type 2 diabetes mellitus, hypertension, gout, chronic anemia, obesity, heart failure with mildly reduced ejection fraction (HFmrEF; LVEF 45-50% on 4/5/2026), peripheral neuropathy, depression, allergic rhinitis, and remote breast cancer status post right mastectomy. The patient was recently hospitalized for fever, tachycardia, and severe multifocal joint pain, with hospital evaluation notable for polyarticular gout involving the right ankle/foot and bilateral hands, left external iliac/common femoral/profunda deep vein thrombosis (DVT) with a small left segmental pulmonary embolism (PE) status post thrombectomy and initiation of apixaban, acute-on-chronic anemia secondary to duodenal ulcers and esophagitis/duodenitis requiring transfusion of 2 units of packed red blood cells, and prerenal acute kidney injury related to hypotension while receiving multiple antihypertensive medications. Following an extensive skilled nursing facility stay, the patient was admitted to home health services after transitioning to an assisted living facility. Upon arrival, the patient was seated in a wheelchair at a table and was alert and oriented. She reported intermittent pain involving the right knee, bilateral ankles, bilateral feet, left groin, and bilateral shoulders. She described the pain as squeezing, aching, and sore, with particular tenderness noted in the right knee, bilateral ankles, and left groin. Bilateral foot pain was specifically described as squeezing, consistent with her history of arthritis and gout. The patient reported using prescribed PRN pain medication for symptom management. Vital signs obtained were temperature 97.7F, pulse 98 beats/minute via the right radial pulse, and oxygen saturation 97% on room air. Height was 5'2" and weight was 161 lbs. Respiratory assessment revealed lungs clear to auscultation bilaterally. Bowel sounds were present, peripheral pulses were palpable, and trace edema was noted to the bilateral ankles and feet. The patient reported her last bowel movement was yesterday and denied nausea or vomiting. Medication review was completed with the patient. The patient reported significant functional decline following hospitalization and SNF stay, stating that she is unable to ambulate independently and requires maximum assistance with transfers. Physical therapy evaluation was completed. Prior to the recent hospitalization, the patient was independently mobile and ambulated without an assistive device. She currently presents with substantial decline in functional strength and mobility, with bilateral lower-extremity strength measured at 3-/5 on manual muscle testing. During the evaluation, the patient required contact guard assistance for transfers and short-distance ambulation using a rolling walker, with verbal cues provided to promote improved trunk extension and upright posture. Her current impairments include generalized and bilateral lower-extremity weakness, impaired balance, decreased endurance, gait and transfer limitations, and reduced functional independence, placing her at increased risk for falls and further decline. Skilled physical therapy is indicated to address these deficits through progressive strengthening, balance training, gait and transfer training, functional mobility interventions, and safety education. The goal of the plan of care is to improve strength, balance, endurance, and safe functional mobility while maximizing independence and progressing the patient toward her prior level of function. <br> Date of Order 08/28/2026 Orders Physician Face-to-Face Date: 08/12/2026 <span style="font-size:

**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**

Robert Kroopnick
100085 Red Run Blvd Ste 305
Owings Mills, MD 21117
PHONE: 4436048926 FAX: 14402343313 NPI: 1013936327

**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 : 08/12/2026

**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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14px;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Idiopathic gout left knee Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: <br> Physician Kroopnick, Robert

## SN Careplans

SN WK1: 1 (08/29/26-08/29/26)

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: 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:No Advance Directive

08/31/2026 Problems : Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
muscle weakness
limited endurance
limited range of motion
limited strength
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

## SN Goals

PATIENT-STATED GOAL: "I'd like to move back into my own house."

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

## PT Careplans

## PT Goals

Signature of Physician:

Date



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

Date
08/28/2026

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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) ,WK8: 1 (10/11/26-10/17/26)

09/03/2026 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: 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: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 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 - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate 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 move back home and be independent again

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

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

Toilet Transfer - 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 - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate 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 |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 08/28/2026 |