Home Health Certification and Plan of Care

Order ID: 1150/21799

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
16165330	09/03/2026	From: 09/03/2026 To: 11/01/2026	29914	217058

6. Patient's Name and Address

Sandra Scott
9515 GUNHILL CIR,
NOTTINGHAM, MD 21236
410-209-0454

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 08/31/1947 **9.Sex** Male

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

AMLODIPINE Take 10 MG tablet by mouth daily Commonly known as: NORVASC

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	09/03/26

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	09/03/26
N18.6	End stage renal disease	09/03/26
D63.1	Anemia in chronic kidney disease	09/03/26
Z99.2	Dependence on renal dialysis	09/03/26
I24.89	Other forms of acute ischemic heart disease	09/03/26
E78.5	Hyperlipidemia unspecified	09/03/26
I72.8	Aneurysm of other specified arteries	09/03/26
C50.411	Malig neoplm of upper-outer quadrant of right female breast	09/03/26
D63.0	Anemia in neoplastic disease	09/03/26
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	09/03/26
G62.9	Polyneuropathy unspecified	09/03/26
G47.00	Insomnia unspecified	09/03/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/03/26
D35.00	Benign neoplasm of unspecified adrenal gland	09/03/26
M19.90	Unspecified osteoarthritis unspecified site	09/03/26
E66.9	Obesity unspecified	09/03/26
Z68.30	Body mass index [BMI] 30.0-30.9 adult	09/03/26
Z87.440	Personal history of urinary (tract) infections	09/03/26

14. DME and Supplies:

grab bars, bath bench, cane

15. Safety Measures:

hand rails, , ambulates with assistance, emergency phone # clearly displayed, smoke detectors , transfer with assist, supervision at all times, , activity supervision, cardiac precautions, fall precautions, medication safety, ambulates with device, standard precautions, bathroom safety

16. Nutrition:

renal diet

17. Allergies:

bactrim nitro

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

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: good

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 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: Skilled nursing assessment completed for a 78-year-old female with a significant past medical history of hypertension, hyperlipidemia, splenic artery aneurysm, adrenal adenoma, cholelithiasis, breast cancer, osteoarthritis, and end-stage renal disease requiring hemodialysis three times weekly on Monday, Wednesday, and Friday. The patient was recently sent to the emergency department following several weeks of progressively worsening dyspnea on exertion, which had advanced to occurring with minimal activity. She denied chest pain and palpitations. At the time of assessment, the patient was alert and oriented 4. She reported occasional episodes of shortness of breath, which she manages by sitting down and taking slow, deep breaths. She denied dizziness, nausea, or vomiting. Skin was warm and intact. The patient denied pain while sitting but reported pain rated 9/10 with activity or work. She stated that she manages her pain with acetaminophen (Tylenol) 500 mg, two tablets every six hours as needed, and declines narcotic pain medications. The patient reported that she was evaluated by her primary care physician the previous day, with no changes made to her current medication regimen. The patient lives alone and reports being independent with activities of daily living. She receives occasional assistance and support from friends and family as needed. She ambulates slowly with a cane, indicating decreased mobility and endurance. Given her recent worsening dyspnea with minimal exertion, end-stage renal disease requiring regular hemodialysis, pain with activity, and use of an assistive device for ambulation, continued monitoring of cardiopulmonary status, functional tolerance, and safety is indicated. Skilled nursing will continue to assess for changes in respiratory status, including increased shortness of breath, decreased activity tolerance, chest pain, dizziness, or other signs of acute deterioration, as well as monitor medication effectiveness and adherence, pain management, dialysis-related needs, and overall functional status. The patient will be reinforced on energy-conservation and safety strategies, appropriate symptom management, and the importance of promptly reporting worsening or persistent respiratory symptoms to her healthcare provider.
 Date of Order 09/03/2026 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tamischer Nettles
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 410-515-5440 FAX: 14105155581 NPI: 1285778225

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 : 08/28/2026

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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08/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease 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 Nettles, Tamischer

SN Careplans

SN frequency WK1: 1 (09/03/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 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, 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 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)

09/04/2026 Problems : #1 - Observable Surgical Wound - Other - AV Fistula Left Arm - AV Fistula for HD M/W/F
M1033 - Exhaustion
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
muscle weakness
M2102f - Patient Supervision
M1610 - Urinary Incontinence
limited endurance
limited strength
M2102c - Med Admin
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - AV Fistula Left Arm - AV Fistula for HD M/W/F: Hemodialysis site: do not touch., cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration

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,

SN Goals

PATIENT-STATED GOAL: to get better

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/03/2026

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medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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