# Home Health Certification and Plan of Care

**Order ID: 1150/21904**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 5TW2MX5XJ22 | 09/05/2026 | From: 09/05/2026 To: 11/03/2026 | 29894 | 217058 |

**6. Patient's Name and Address**
Diane Eisenberg
3412 Ripple Road,
WINDSOR MILL, MD 21244-
410-655-4222

**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** 03/13/1933 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I12.9 | Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny | 09/05/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 09/05/26 |
| N18.9 | Chronic kidney disease u | 09/05/26 |
| D63.1 | Anemia in chronic kidney disease | 09/05/26 |
| G40.909 | Epilepsy unsp not intractable without status epilepticus | 09/05/26 |
| M10.9 | Gout unspecified | 09/05/26 |
| I48.91 | Unspecified atrial fibrillation | 09/05/26 |
| F32.9 | Major depressive disorder single episode unspecified | 09/05/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 09/05/26 |
| E78.5 | Hyperlipidemia unspecified | 09/05/26 |
| M62.50 | Muscle wasting and atrophy NEC unsp site | 09/05/26 |
| R32. | Unspecified urinary incontinence | 09/05/26 |
| R33.9 | Retention of urine unspecified | 09/05/26 |
| Z79.01 | Long term (current) use of anticoagulants | 09/05/26 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 09/05/26 |

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

Bupropion Hydrochloride - Bupropion Hydrochloride ER 150 MG Tablet Oral not available
CLONIDINE 0.2 MG/24HR patch transdermal Weekly
ELIQUIS 2.5 MG Tablet Oral not available
LEVETIRACETAM 100 MG/ML Solution Oral not available
MELATONIN 3 MG Tablet Oral not available
Metoprolol Tartrate - Metoprolol Tartrate 25 MG Tablet Oral not available
Sertraline Hcl - Sertraline Hydrochloride 50 MG Tablet Oral not available
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1.25 MG (50000 UT) Capsule Oral not available
LORAZEPAM 0.25 by mouth not available
Amilodipine - Amlodipine Besylate 10 mg by mouth once a day
Senna - Senna 8.6 mg=1tablet by mouth twice a day Take 2 tablet 2x daily

**14. DME and Supplies:**
wheelchair, 4 wheeled walker, Burton chair

**15. Safety Measures:**
seizure precautions, smoke detectors , emergency phone # clearly displayed, ambulates with assistance, activity supervision, bathroom safety, hand rails, medication safety, supervision at all times, transfer with assist, bleeding precautions, ambulates with device, anticoagulant precautions, fall precautions, wheelchair precautions, standard precautions

**16. Nutrition:**
high protein

**17. Allergies:**
sulfamethoxazole

**18.A. Functional Limitations**
Endurance, Ambulation, Contracture, Bowel/Bladder Incontinence

**18.B. Activities Permitted**
Transfer bed/Chair, Wheelchair, No Restrictions, Up As Tolerated, Exercises Prescribed

**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: Yes

**20. Prognosis:** poor

**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**
SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: family/caregiver will be responsible for managing treatment

**Homebound status:** medical condition could get worse if patient leaves home

**Clinical Condition Requiring Homecare:** sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw dx:

## SN Careplans

SN frequency Auth npr WK1: 1 (09/05/26-09/05/26),Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK3: 1 (09/13/26-09/19/26),Auth npr 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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

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.

## SN Goals

PATIENT-STATED GOAL: Unable to give a goal

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 keep home safe for patient with dementia
* coping strategies for the caregiver* 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

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 09/05/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

**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 : 09/01/2026

**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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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:Living Will

09/09/2026 Problems : weak hand grips (NR)
daytime fatigue (NR)
limited strength (MS)
limited range of motion (MS)
limited endurance (MS)
loss of appetite (NU)
M1700 - Cognition
M1745 - Behavioral Issues
M1620 - Bowel Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
diarrhea
B1000 - Vision Deficit
meal preparation
D0160 - Depression
M1610 - Urinary Incontinence

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange preparation of missing meals, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * bowel incontinence management including dietary changes bowel training skin care, 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, meal preparation is available to patient for all meals

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

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

## PT Careplans

PT frequency Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK6: 1 (10/04/26-10/10/26),Auth npr WK10: 1 (11/01/26-11/03/26)

09/11/2026 Problems : GG0170A1 - Roll left & Right
GG0170B1 - Sit to Lying
GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing

## PT Goals

PATIENT-STATED GOAL: Not to develop wounds

GOALS
Eating - 05. Setup or clean-up assistance

Chair to Bed to Chair - 01. Dependent

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

09/05/2026

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GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating

PROCEDURES: home exercise program: Review HEP: AROM for knee ext, hip flex, ankle pumps in supine 1x10, equipment training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 01. Dependent, Eating - 05. Setup or clean-up assistance

## OT Careplans

OT frequency Auth npr WK1: 1 (09/05/26-09/05/26)

09/11/2026 Problems : M1400

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Upper Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

## OT Goals

PATIENT-STATED GOAL: OT eval 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 - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Upper Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 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 | 09/05/2026 |