Home Health Certification and Plan of Care

Order ID: 1150/21908

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 and OT: family/careg

Homebound status:

Due to diagnosis of Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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:

The patient is a 93-year-old female referred to home health services by her PCP following discharge from Sunrise ALF, where she resided for approximately six years and was later transferred to the memory care unit due to declining cognition. Her past medical history is significant for chronic kidney disease, type 2 diabetes mellitus, hypertension, CVA, atrial fibrillation, gout, anemia, muscle wasting, and cognitive impairment. The patient is currently homebound and bedbound/wheelchair-bound, requiring human assistance for all ADLs, including grooming and self-feeding, as well as bed mobility and transfers. She resides with her son and daughter in a multilevel home. The patient is alert and oriented to person only or oriented x0-2, with impaired cognition. Skin is dry and intact, and lung sounds are clear with even and unlabored respirations. She presents with multiple joint contractures in flexed positions, including a contracted right hand with limited digit movement and a left hand fixed in a fist position with no active digit movement. Caregivers were instructed on a regular turning schedule, proper positioning with pillows, use of a rolled washcloth/palmar protector to protect the right palm, and encouraging active range-of-motion exercises as tolerated. A Barton chair has been ordered by the PCP, and the patient will remain in bed until it is available. PT evaluation was completed, with plans for follow-up assessment in a few weeks to establish a maintenance program. OT evaluation was completed, and the patient was determined to be evaluation-only and not appropriate for ongoing OT services at this time.<o:p></o:p>   <p

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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Diane Eisenberg 3412 Ripple Road, WINDSOR MILL, MD 21244- 410-655-4222	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

class="16">Date of Order<span
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09/01/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring
Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw dx: Hypertensive chronic kidney disease with
stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease.<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Homebound Status per
Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
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<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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font-size:10.5000pt;mso-font-kerning:1.0000pt;"> Notes: <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">PT Eval
Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">Physician:<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Baffoe-Bonnie,
Edna

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.
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.

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
* 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/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/05/2026

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; 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, apply anti-embolitic stockings, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, apply compression bandage, bladder training, 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, * urinary incontinence management including bladder training Kegel exercises 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

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
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

PT Goals

PATIENT-STATED GOAL: Not to develop wounds

GOALS
Eating - 05. Setup or clean-up assistance

Chair to Bed to Chair - 01. Dependent

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.

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/05/2026

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Independent, Upper Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance	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 4 of 4
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