HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022049

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
51245239	09/11/2026	09/11/2026 - 11/09/2026	24086	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Patricia Villa 1004 Elbow Court ABERDEEN, MD 21001	Female	09/12/1944	667-298-2674
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI 1487113239		**Fax Number** 410-559-3002

Clinical Condition Requiring Homecare:

An 82-year-old female was referred to home health services following hospitalization for hypertensive heart disease and evaluation for a possible mitral valve clip, which was successfully performed. Past medical history is significant for hypertension, COPD, atrial fibrillation, prior aortic valve replacement, obstructive sleep apnea, chronic kidney disease, hyperlipidemia, and a partial Achilles tendon tear. Patient resides with family in a two-story home with a first-floor setup and three steps to enter with a railing. Prior to hospitalization, she was independent with household mobility without an assistive device, independent with ADLs and stair negotiation, and did not drive. Currently, patient presents with impaired balance, lower-extremity weakness, and decreased gait stability, as evidenced by a Tinetti score of 15/28. She ambulates with a very deliberate gait, narrow base of support, and unsteady pattern and demonstrates difficulty negotiating stairs. Patient declined occupational therapy services, and the office was notified. Patient demonstrates good potential to benefit from skilled physical therapy to address balance, strength, gait, functional mobility, and stair negotiation deficits and to promote a safe return toward her prior level of function.

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Date of Order<o:p></o:p>
09/11/2026<o:p></o:p>
Physician Face-to-Face Date:
09/08/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat DX: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney 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 - PT Notes: <o:p></o:p>
Physician: Davis, Stephanie

Physician Statement on Homebound Status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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

ICD-10 CM Principal Diagnosis: I13.0. Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I50.31	Acute diastolic (congestive) heart failure	METAMUCIL 3.4 gram/5.4 gram Oral Powd / Take 1 Units by mouth once a day One spoonful Neurontin - Gabapentin 400 mg / 1 Capsule by mouth twice a day Lioresal - Baclofen 10 mg / 1 Tablet by mouth at bedtime as needed for muscle spasms Cardizem Cd - Diltiazem Hydrochloride 240 mg / 1 Capsule by mouth once a day Pacerone - Amiodarone Hydrochloride 200 mg / 1 Tablet by mouth once a day Sensipar - Cinacalcet Hydrochloride eq 30 mg base / 1 Tablet by mouth threee times per week Lipitor - Atorvastatin Calcium eq 40 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection Remeron - Mirtazapine 15 mg / 1 Tablet by mouth once a day at bedtime Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1,000 mcg by mouth once a day Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) Oral Cap by mouth once a day Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 450 mg (1000 units) / 1 Tablet by mouth once a day Zyrtec - Cetirizine Hydrochloride 5 mg / 1 Tablet by mouth once a day Allergy Magnesium Oxide - Simethicone 400 mg / 1 Tablet by mouth once a day Tramadol - Tramadol Hydrochloride 50mg, take 1 tablet by mouth twice a day As needed for pain ACETAMINOPHEN 500mg , Take 2 tablets by mouth every 8 hours for pain management Eliquis - Apixaban 2.5MG, TAKE 1 TABLET by mouth twice a day A fib Spiriva Respimat - Tiotropium Bromide 2.5 mcg by mouth once a day Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 1 to 2 puffs by mouth every 4 hours as needed for cough, shortness of breath or wheezing (Rescue inhaler) Bumex - Bumetanide 2 mg 1 by mouth twice a day Dilatrate-Sr - Isosorbide Dinitrate 5mg by mouth twice a day Apresoline - Hydralazine Hydrochloride 10 mg 1 by mouth twice a day ginkgo biloba leaf extract Oral Cap 120 mg by mouth once a day TYLENOL 2 tablets 325 mg by mouth as necessary every 6 hours as needed for pain manages the pain
I48.91	Unspecified atrial fibrillation	
D68.69	Other thrombophilia	
J44.9	Chronic obstructive pulmonary disease unspecified	
G47.33	Obstructive sleep apnea (adult) (pediatric)	
E78.5	Hyperlipidemia unspecified	
Z95.2	Presence of prosthetic heart valve	
Z79.01	Long term (current) use of anticoagulants	

Prognosis
good

Mental and Psychosocial 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

Functional Limitations
Ambulation, Endurance

Activities Permitted
Up As Tolerated

DME & Supplies
rolling walker, hand held shower, grab bars, cane

Safety Measures
transfer with assist, standard precautions, fall precautions, cardiac precautions, ambulates with device, ambulates with assistance, activity supervision

Nutrition
2gm sodium, cardiac diet

Allergies
no known allergies

Advance Directives	Caregiver Status
Full code	1. Non-agency caregiver(s) currently provide assistance
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.	**DISCHARGE PLAN:** PT: family/caregiver will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - PT OT Eval	

PT CAREPLAN

PT frequency WK1: 1 (09/11/26-09/12/26),WK2: 2 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26)

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: 3. Multiple hospitalizations (2

or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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.

; 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:Full code

09/11/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
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
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
balance deficit
limited strength
M2102c - Med Admin

PT NARRATIVE

81 year old female referred to home health services following admission for hypertensive heart disease, pt was admitted for need for possible mitral valve clip. Pt did require a clip which was successful. Past medical history significant for hypertension, COPD, atrial fibrillation, aortic valve replacement, obstructive sleep apnea, chronic kidney disease, hyperlipidemia and partial achillies tendon tear. Lives with family two story home first floor set up 3 steps to enter with railing. Plof pt was Independent in the home no AD, I adls, I steps, does not drive. Patient presents with impaired balance as evidenced by tinetti score of 15 out of 28 lower extremity weakness and instability while Amp leading with very deliberate walk narrow base of support and unsteady pattern. Difficult ynegot steps. Patient declined occupational therapy services. Notified the office. Patient has good potential to benefit from skilled physical therapy to address the above list of deficits

PT GOALS

PATIENT-STATED GOAL: To Improve my balance and walking so I can get off the walker

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

patient living environment has safe floor coverings

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Shower/Bathe Self - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, home exercise program: Seated knee extension, hip flexion, abduction, hamstring curls progress to standing yes as tolerated for hip flexion, extension, abduction, hamstring curls 2-3x10, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, caregiver administers and/or packages medications appropriately, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/11/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 09/08/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **Stephanie Davis**
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
NPI 1013976091

Phone Number 1-800-777-7904

Fax Number kaiser

Physician's Signature and Date Signed

X

Stephanie Davis, MD
09/08/2026: Date of physician last face-to-face