HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022077

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
10018997	09/12/2026	09/12/2026 - 11/10/2026	30114	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Evelyn Thomas 2121 Windsor Garden Apt C233 WINDSOR MILL, MD 21244	Female	04/24/1933	(919) 426-9080
	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:

The patient is a 93-year-old female with a significant medical history of Stage IV chronic kidney disease (CKD), essential hypertension, hyperlipidemia, and chronic respiratory failure with hypoxia requiring supplemental oxygen at 2 L/min via nasal cannula. Prior to hospitalization, the patient was independent with ADLs, lived alone, ambulated without an assistive device, and remained on room air, although she intermittently used a quad cane for outdoor ambulation. She developed progressive bilateral lower-extremity weakness and occasional shortness of breath with exertion, subsequently experienced a fall, and was hospitalized for respiratory failure requiring supplemental oxygen before being transferred to a rehabilitation facility. She has since returned home and is currently bedbound due to significant weakness and inability to safely transfer or ambulate. At the start of care, the patient experienced an episode of respiratory distress with an oxygen saturation of 67%; she was repositioned upright with pillows, oxygen was temporarily increased to 3 L/min, and she was instructed in deep-breathing exercises, resulting in improvement of oxygen saturation to 94% within several minutes. The patient is alert and oriented x4, with intact skin, no observed bilateral lower-extremity edema, and decreased appetite. She is currently dependent on caregivers for all ADLs and has a neighbor who provides primary daily assistance, with additional support from her niece and son. Medication reconciliation was completed with the patient and family. The patient and caregivers were instructed regarding oxygen use, deep-breathing techniques, fall prevention, and the need to call 911 for respiratory distress that does not resolve promptly. PT evaluation revealed significant bilateral lower-extremity weakness (MMT approximately 3-/5), requiring moderate assistance for transfers and inability to maintain standing for more than one minute or ambulate at this time. The patient and caregiver were instructed to attempt assisted standing at least once daily with two-person assistance, as well as to initiate a supine therapeutic exercise program. Skilled home

Physician Statement on Homebound Status:

Due to diagnosis of Acute and chronic respiratory failure with hypoxia , 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

health PT is indicated to improve strength, balance, activity tolerance, transfer ability, safety, and functional mobility, with the goal of progressing toward the patient's prior level of function and maximizing independence in the home.<o:p></o:p>

Date of Order<o:p></o:p>
09/12/2026<o:p></o:p>
Physician Face-to-Face Date:
08/02/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Acute and chronic respiratory failure with hypoxia<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 - SN Notes: <o:p></o:p>
PT Eval Notes:<o:p></o:p>
Physician: Broom, Kristen

ICD-10 CM Principal Diagnosis: J96.21. Acute and chronic respiratory failure with hypoxia

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Tablet by mouth one time a day for Supplement Thiamine Hydrochloride - Thiamine Hydrochloride 100 MG / 1 Tablet by mouth one time a day for Supplement SENNA 8.6 MG Tablet / Give 2 tablet by mouth two times a day for CONSTIPATION Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 8 hours as needed for nausea MIRALAX 0 Packet 17 GM / Give 1 packet by mouth every 12 hours as needed for CONSTIPATION LIPITOR 40 MG Tablet / Give 2 tablet by mouth at bedtime for HLD LASIX 20 MG Tablet / Give 2 tablet by mouth once a day for Antidiuretic Docusate Sodium - Docusate Sodium 100 MG / 1 Capsule by mouth two times a day for BOWEL REGIMEN Aspirin Ec - Aspirin 0 Delayed Release 81 MG / 1 Tablet by mouth one time a day for pain ACETAMINOPHEN 500 MG Tablet / Give 2 tablet by mouth two times a day for Pain Oxygen - Oxygen 2L nasal cannula continuous
I50.9	Heart failure unspecified	
N18.4	Chronic kidney disease stage 4 (severe)	
I27.20	Pulmonary hypertension unspecified	
I69.854	Hemiplga fol oth cerebvasc disease aff left nondom side	
J30.9	Allergic rhinitis unspecified	
M79.671	Pain in right foot	
K59.00	Constipation unspecified	
M85.80	Oth disrd of bone density and structure unspecified site	
I07.1	Rheumatic tricuspid insufficiency	
Z79.01	Long term (current) use of anticoagulants	
Z79.82	Long term (current) use of aspirin	
Z99.81	Dependence on supplemental oxygen	

Prognosis
fair

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
Bowel/Bladder Incontinence, Endurance, Dyspnea With Minimal Exertion, Ambulation

Activities Permitted
Exercises Prescribed, Walker, Up As Tolerated, No Restrictions

DME & Supplies
rolling walker, oxygen supplies

Safety Measures
walker precautions, smoke detectors , emergency phone # clearly displayed, ambulates with assistance, anticoagulant precautions, cardiac precautions, hand rails, transfer with assist, bleeding precautions, ambulates with device, medication safety, fall precautions, standard precautions, bathroom safety, activity supervision

Nutrition
fluid restriction, low sodium,

Allergies
no known allergies

Advance Directives	Caregiver Status
Advance Directives	2. Non-agency caregiver(s) need training/supportive services to provide assistance; 2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	SN and PT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

PT Eval

OT Eval

SN CAREPLAN

SN frequency WK1: 1 (09/12/26-09/12/26),WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26)

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: 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, 8. Currently reports exhaustion

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:Advance Directives

09/14/2026 Problems : constipation (GI)
M1033 - Exhaustion
M1400 - Dyspnea

SN NARRATIVE

The patient is alert a 93 year old female with a past medical history of CKD stage IV, essential hypertension, hyperlipidemia, chronic respiratory failure with hypoxia of oxygen via a nasal cannula, etc. She is on 2L of oxygen. She is AXOX4. The patient was independent with ADL's, lived alone, and was on room air. Her legs started getting weak, occasional shortness of breath on exertion and then she fell and went ti the hospital. At the hospital she went into respiratory distress and was placed on oxygen. She was sent to the rehabilitation facility and is now home. During the SOC, the patient went into respiratory distress with an oxygen saturation of 67%. She was repositioned in bed, propped up with pillows and oxygen was increased to 3L. She was also taught the deep breathing exercise. After few minutes her oxygen saturation came up to 94%. She is currently bedbound as she's too weak to get up from the bed. She has a neighbor who is always there with her, she is the primary caregiver . Her niece was available during the assessment as well as the neighbor, while the patient's son was on the phone all through out .The medication review was completed with the family, the patient is now dependent with all ADL's and has a low appetite. Her skin is intact, no edema was observed on her bilateral extremities. The family and caregiver were advised to call 911 if she goes into respiratory distress that won't subside within few minutes.

SN GOALS

PATIENT-STATED GOAL: To be able to breathe 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
* 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

M2020 - Oral Med Management coughing balance deficit limited strength muscle weakness loss of appetite M2102d - Caregiver Performs Treatment M2102f - Patient Supervision PROCEDURES: cough/deep breathing exercises 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, * 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	

PT CAREPLAN
PT frequency WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26)

09/17/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170D1 - Sit to Stand
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
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 - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT NARRATIVE
PT eval completed. Pt is a 93 y.o. female with PMH significant for CKD stage IV,

essential hypertension, hyperlipidemia who was recently hospitalized due to respiratory failure and a fall. Prior to hospitalization, pt had been ambulating with no AD and was living alone but did use quad cane intermittently for outdoor ambulation. At this time, pt presents with decreased strength with 3-/5 MMT in BLE and requires modA for transfers and was not able to maintain standing for more than 1 minute. Pt is unable to ambulate yet. PT instructed pt and caregiver to attempt standing at least one time daily wiith assistance of 2 people, as well as initiation of HEP for supine therex. Pt would benefit from skilled PT services to increase strength, improve balance and increase safety and independence in functional mobility in order to return to PLOF.

PT GOALS
PATIENT-STATED GOAL: To be able to walk again

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/12/2026

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: 08/02/2026

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 **Kristen Broom**
6901 Security Blvd Ste 200
Windsor Mill, MD 21244
NPI 1073502969

Phone Number 4108372050

Fax Number 18666290091

Physician's Signature and Date Signed

X

Kristen Broom, NP
08/02/2026: Date of physician last face-to-face