

Home Health Certification and Plan of Care				Order ID: 1150/17981	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
48402607100		04/14/2026		From: 04/14/2026 To: 06/12/2026	
4. Medical Record No.		5. Provider No.			
24485		217058			
6. Patient's Name and Address Doris Edmondson 1322 Woodbourne Avenue, Baltimore, MD 21239- 443-854-0090			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 08/24/1933			9. Sex Female		
11. ICD 113.0			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Principal Diagnosis Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny			ZYLOPRIM 100 mg / 1 Tablet by mouth DAILY ASPIRIN 81 mg / 1 Tablet by mouth daily Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 250 mcg (10,000 units) / Take 5 capsules (50,000 Units total) by mouth once a week FLORINEF 0.1 mg / 1 Tablet by mouth daily as needed (SBP lower than 120) ZOCOR 20 mg / 1 Tablet by mouth nightly COLCHICINE 0.6 mg / 1 Tablet by mouth DAILY Prn gout		
13. ICD 150.22 E11.22 N18.31 D63.1 I95.1 F01.A4 M1A.09X0 M17.0 Z79.82 Z91.81 Z87.891			Other Pertinent Diagnoses Chronic systolic (congestive) heart failure Type 2 diabetes mellitus w diabetic chronic kidney disease Chronic kidney disease stage 3a Anemia in chronic kidney disease Orthostatic hypotension Vascular dementia mild with anxiety Idiopathic chronic gout multiple sites without tophus Bilateral primary osteoarthritis of knee Long term (current) use of aspirin History of falling Personal history of nicotine dependence		
14. DME and Supplies: grab bars, wheelchair, rolling walker, commode, bath bench			15. Safety Measures: standard precautions, , remove environmental barriers, , medication safety, fall precautions, bleeding precautions, , bathroom safety, ambulates with device, anticoagulant precautions, ambulates with assistance, activity supervision		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Endurance, Balance			18.B. Activities Permitted Wheelchair, Walker, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, 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: No		
20. Prognosis: good					
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			22.B.Discharge Plans family/caregiver will be responsible for managing treatment		
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.		
Clinical Condition Requiring Homecare:			<div>The patient is a 92-year-old individual referred for home health therapy services following a recent evaluation by a home physician who recommended rehabilitation to address functional decline and mobility limitations. The patient's past medical history is significant for dementia, congestive heart failure (CHF), chronic kidney disease (CKD), anemia, gout, orthostatic hypotension, osteoarthritis of the bilateral knees with approximately 30-degree knee flexion contractures, and a history of falls. The patient currently resides with her daughter in a home that requires ascending approximately ten steps with a handrail to enter, while the bedroom and bathroom are located on the second floor. During the assessment, the patient demonstrated limited functional mobility and impaired balance. The patient is able to ambulate on indoor surfaces for approximately 20 feet twice with contact guard assistance and requires verbal cues for proper gait pattern and safety. She is able to negotiate two steps using a handrail with contact guard assistance. Transfers to the toilet are performed with contact guard assistance, while transfers to the bed and recliner require close supervision and verbal cues for proper hand placement to ensure safety. Bed mobility is performed with supervision. Balance assessment using the Tinetti Performance-Oriented Mobility Assessment yielded a score of 12 out of 28, indicating a significant fall risk. Due to decreased strength, impaired balance, fall history, and the considerable effort required to safely leave the home environment, the patient is considered homebound. Skilled home therapy services are recommended to address deficits in strength, balance, and functional mobility. The plan of care will focus on improving gait safety, transfer ability, and overall functional independence, while also implementing fall prevention strategies and caregiver education to enhance safety within the home environment. Continued therapy services are expected to support improved mobility and reduce fall risk while assisting the patient in maintaining the highest possible level of function.</div><div> </div><div>Date of Order</div><div>04/14/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 02/17/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - PT Notes: soc</div><div>Physician</div><div>Kingan, Michael</div></div>		
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/14/2026			25. Date HHA Received Signed POT		
24. Physician's Name and Address Michael Kingan 6701 N Charles St Baltimore, MD 21224 PHONE: 4438496257 FAX: 14438493182 NPI: 1861871881			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 : 02/17/2026		
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. PAGE 1 of 3		

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PT Careplans		PT Goals		
PT WK1: 2 (04/14/26-04/18/26) ,WK2: 2 (04/19/26-04/25/26) ,WK3: 2 (04/26/26-04/30/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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. ; 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:Y PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M1700 - Cognition, M1745 - Behavioral Issues, Home Safety, Home Safety, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, limited endurance, limited range of motion, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, gait		PATIENT-STATED GOAL: To be able to walk in the house with my walker and be able to go downstairs 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 caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent 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 * 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 * 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 * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		04/14/2026		

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training/stair training, transfers training, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area 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, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient living environment has safe floor coverings patient's living environment is clean/uncluttered caregiver administers and/or packages medications appropriately Eating - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 3 of 3
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