# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 1150/23010**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 35812233 | 10/30/2026 | 10/30/2026 - 12/28/2026 | 31744 | 217058 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Brenda Simpson**<br>282 Lord Byron Lane<br>Cockeysville, MD 21030 | Female | 11/28/1952 | 443-423-9043 |
| | Email | | Primary Language: English |

## Clinical Profile

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

**Clinical Condition Requiring Homecare:**

Ms. Simpson is a 73-year-old female with a significant medical history of end-stage renal disease (ESRD) requiring hemodialysis, heart failure with preserved ejection fraction (HFpEF), hypertension, hyperlipidemia, hypothyroidism, peripheral neuropathy, and essential tremor. She was referred for skilled home health physical therapy following a recent hospitalization for altered mental status and recurrent falls. The patient presents with decreased functional endurance, impaired balance, and increased risk for falls, contributing to reduced safety and functional performance during household mobility and activities of daily living (ADLs). She is currently independent with bed mobility and transfers and ambulates household distances using a cane; however, her recent history of multiple falls and declining functional mobility indicate ongoing safety concerns and the need for continued skilled intervention. Skilled HHPT is medically necessary to address identified functional deficits through therapeutic exercises, progressive strengthening and endurance training, gait training, balance activities, and fall prevention education. Treatment will focus on improving functional mobility, enhancing gait stability and safety, reducing fall risk, and maximizing the patient's independence with daily activities within the home.

Date of Order
10/30/2026
Orders
Physician Face-to-Face Date: 10/13/2026
Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

1 - SOC - PT Notes: soc

Physician

**Physician Statement on Homebound Status:**

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal 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.

Schonfeld, Yisroel

**ICD-10 CM Principal Diagnosis: I13.2. Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD**

**Other Pertinent Diagnoses**

| ICD-10 CM | Description | Medications |
|---|---|---|
| I50.32 | Chronic diastolic (congestive) heart failure | LIPITOR 20 MG / 1 Tablet by mouth in the morning<br>Feosol - Ferrous Sulfate: Folic Acid EC 325 (65 FE) MG / 1 Tablet by mouth daily with breakfast<br>FOLVITE Take 1 MG tablet by mouth daily<br>SYNTHROID 25 MCG / 1 Tablet by mouth daily<br>COZAAR 25 MG / 1 Tablet by mouth daily<br>METHADONE Take 90 mg by mouth daily<br>Toprol-Xl - Metoprolol Succinate 24 hr 25 MG / 1 Tablet by mouth in the morning<br>THERAGRAN Take 1 tablet by mouth daily<br>Procardia Xl - Nifedipine 24 hr 90 MG / 1 Tablet by mouth daily<br>DESYREL 150 MG / 1 Tablet by mouth nightly |
| N18.6 | End stage renal disease | |
| D63.1 | Anemia in chronic kidney disease | |
| E78.5 | Hyperlipidemia unspecified | |
| E03.9 | Hypothyroidism unspecified | |
| M54.9 | Dorsalgia unspecified | |
| G89.29 | Other chronic pain | |
| G62.9 | Polyneuropathy unspecified | |
| G47.00 | Insomnia unspecified | |
| G25.0 | Essential tremor | |
| M19.90 | Unspecified osteoarthritis unspecified site | |
| E83.52 | Hypercalcemia | |
| R41.82 | Altered mental status unspecified | |
| F11.10 | Opioid abuse uncomplicated | |
| F10.10 | Alcohol abuse uncomplicated | |
| Z72.0 | Tobacco use | |
| Z99.2 | Dependence on renal dialysis | |
| Z91.81 | History of falling | |

**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

**Activities Permitted**
Up As Tolerated, Exercises Prescribed

**DME & Supplies**
walker

**Safety Measures**
ambulates with assistance, standard precautions, walker precautions

**Nutrition**
cardiac diet, low cholesterol, low sodium, regular, renal diet

**Allergies**
no known allergies

| Advance Directives | Caregiver Status |
| --- | --- |
| Living Will | 1. Non-agency caregiver(s) currently provide assistance |
| **Rehabilitation Potential**<br>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:**<br>PT: patient will be responsible for managing treatment |
| **Orders for Discipline and Treatment:**<br>1 - SOC - PT | |

## PT CAREPLAN

PT frequency WK1: 1 (10/30/26-10/31/26),WK2: 1 (11/01/26-11/07/26),WK3: 1 (11/08/26-11/14/26),WK4: 1 (11/15/26-11/21/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Living Will

11/02/2026 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
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited strength

## PT NARRATIVE

s. Simpson is a 73-year-old female with PMHx significant for ESRD on hemodialysis, HFpEF, HTN, HLD, hypothyroidism, peripheral neuropathy, and essential tremor, referred for skilled home health PT following hospitalization for altered mental status and recurrent falls. Patient presents with decreased functional endurance, impaired balance, and increased fall risk, contributing to reduced safety with household mobility and ADLs. Patient is currently independent with bed mobility and transfers and ambulates household distances with a cane. Recent history of multiple falls and declining functional mobility indicates continued need for skilled assessment and intervention to improve balance, gait safety, functional endurance, and fall prevention. Skilled HHPT is medically necessary to address identified mobility deficits, progress therapeutic exercise, provide gait and balance training, and reinforce fall-prevention strategies to maximize safety and independence in the home.

## PT GOALS

PATIENT-STATED GOAL: To get a lot stronger

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

limited endurance
muscle weakness

PROCEDURES: B LE mm strengthening: 1, 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, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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 10/30/2026

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: 10/13/2026

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** **Yisroel Schonfeld**
301 St Paul Pl
Baltimore, MD 21202
NPI 1033634431

**Phone Number** 4103327460

**Fax Number** 14103329669

**Physician's Signature and Date Signed**

**X**

**Yisroel Schonfeld, PA**
10/13/2026: Date of physician last face-to-face