Home Health Certification and Plan of Care

Order ID: 1150/11282

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4PK0V11QF01	08/09/2025	From: 08/09/2025 To: 10/07/2025	16191	217058

6. Patient's Name and Address

Shirley Tyler
3517 Esther Place,
BALTIMORE, MD 21224-
443-790-2723

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 03/11/1937 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S91.302D	Unspecified open wound left foot subsequent encounter	08/09/25

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	08/09/25
F03.A0	Unspecified dementia mild without beh/psych/mood/anx	08/09/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/09/25
F41.1	Generalized anxiety disorder	08/09/25
F32.1	Major depressive disorder single episode moderate	08/09/25
L30.9	Dermatitis unspecified	08/09/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/09/25
Z91.81	History of falling	08/09/25
Z99.89	Dependence on other enabling machines and devices	08/09/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Tylenol - Acetaminophen 1000mg, take (1000 mg) tablet by mouth twice a day 1,000 mg, 2 times daily PRN
Proventil - Albuterol 0.083 % nebulizer solution , 2 vials, Nebulization inhalant every 6 hours 2 vials, Nebulization, Every 6 hours PRN
Albuterol - Albuterol inhaler 90mcg/actuation, inhale 2 puffs inhalant every 6 hours 2 puffs, Inhalation, Every 6 hours PRN
Aspirin - Aspirin 81 mg, take (81 mg) tablet by mouth once a day
Lipitor - Atorvastatin Calcium 40 mg, take (40 mg) tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2,000 Units, take (2,000 Units) tablet by mouth once a day
Voltaren - Diclofenac Sodium apply 2 g topical once a day 2 g, Topical, Daily, Do not bathe for at least 1
hour. A dosing card is provided in the carton
Lasix - Furosemide 40 mg, take (40 mg) tablet by mouth once a day 40 mg, Oral, Daily as needed
Neurontin - Gabapentin 300 mg, take (300 mg) capsule by mouth three times a day
Atarax - Hydroxyzine Hydrochloride 10 mg, take (10 mg) tablet by mouth every 8 hours 10 mg, Oral, Every 8 hours PRN
Jardiance - Empagliflozin 10 mg, take (10 mg) tablet by mouth once a day
Synthroid - Levothyroxine Sodium 88 mcg, take (88 mcg) tablet by mouth once a day
Prinivil - Lisinopril 5 mg, take (5 mg) tablet by mouth once a day
Melatonin - Melatonin 10 mg, take (10 mg) tablet by mouth at bedtime
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 capsule by mouth once a day
Protonix - Pantoprazole Sodium 40 mg, take (40 mg) tablet by mouth once a day 40 mg, Oral, daily before lunch
Zoloft - Sertraline Hydrochloride 100 Mg, Take one tablet by mouth once a day Take one tablet daily with 50mg tablet to equal
150mg.
Zoloft - Sertraline Hydrochloride 50 MG, Take one tablet by mouth once a day Take one tablet daily with 100mg tab to equal
150mg.
Zanaflex - Tizanidine Hydrochloride 2 mg, take (2 mg) tablet by mouth every 8 hours
Ultram - Tramadol Hydrochloride 75 mg, take (75 mg) tablet by mouth every 8 hours
Desyrel - Trazodone Hydrochloride 25 mg, take (25 mg) tablet by mouth at bedtime
Aristocort - Triamcinolone 0.1 % topical ointment topical twice a day

14. DME and Supplies:

commode, wheelchair, hospital bed

15. Safety Measures:

medication safety, wheelchair precautions, standard precautions, infectious material management, fall precautions, emergency phone # clearly displayed, cardiac precautions

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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: fair

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 Unspecified Open Wound Left Foot Subsequent Encounter, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mattan Schuchman
5500 Eastern Ave
Baltimore, MD 21224
PHONE: 410-288-6777 FAX: 14103672743 NPI: 1609141795

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 : 07/30/2025

27. Attending Physician's Signature and Date Signed **08/19/2025** 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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Clinical Condition Requiring Homecare: The patient is alert and oriented and was referred for home health care by her physician. Past medical history is significant for COPD and anxiety. She presents with a deep tissue injury to the left heel with periwound blistering, redness, and copious serous drainage. No wound care orders were present in the home at the time of assessment. The primary care provider on call was contacted to report the spreading periwound erythema and low-grade fever; however, no return call was received during the visit. The patient is non-ambulatory due to right foot drop and the left heel wound. She resides with her adult daughter, who assists with ADLs, IADLs, meal preparation, shopping, and errands. No PT or OT evaluations were ordered with the home health referral. Skilled nursing visits are recommended at a frequency of 1w1, 2w4, and 1w2, with the next skilled nursing visit scheduled for Tuesday. Date of Order 08/09/2025 Orders Physician Face-to-Face Date: 07/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN Wound management due to Unspecified Open Wound Left Foot Subsequent Encounter 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 - SN Notes: Physician Schuchman, Mattan

SN Careplans

SN WK1: 1 (08/09/25-08/09/25)

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; 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 ; 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 the pt's incision and on post op day 12-14 the nurse or physical therapist will remove the patient's staples and leave OTA., 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.

Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, D0160 - Depression, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, weak pulses in feet, constipation, M1610 - Urinary Incontinence, limited range of motion, poor muscle tone, limited endurance, limited strength, swell/redness surround. skin, #1 - Other - Other - Left heel - Deep tissue injury with periwound blistering and redness draining large amounts of serous exudate

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: No wound care orders at this time, coordinate/arrange transportation services

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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,

SN Goals

PATIENT-STATED GOAL: Wound to heal

GOALS
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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* 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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/09/2025

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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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, 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's transportation needs are met

patient's transportation needs are met

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/09/2025