Home Health Certification and Plan of Care

Order ID: 1150/11088

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35854979	07/26/2025	From: 07/26/2025 To: 09/23/2025	15720	217058

6. Patient's Name and Address

Sharon Vogel
500 Virginia Ave Apt 907,
Towson, MD 21286 -
410-938-0219

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 09/24/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.116	Cellulitis of left lower limb	07/26/25

13. ICD	Other Pertinent Diagnoses	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	07/26/25
L97.522	Non-prs chronic ulcer oth prt left foot w fat layer exposed	07/26/25
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	07/26/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/26/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/26/25
N18.30	Chronic kidney disease stage 3 unspecified	07/26/25
J45.909	Unspecified asthma uncomplicated	07/26/25
F32.A	Depression unspecified	07/26/25
E78.5	Hyperlipidemia unspecified	07/26/25
K21.9	Gastro-esophageal reflux disease without esophagitis	07/26/25
Z79.2	Long term (current) use of antibiotics	07/26/25
Z79.4	Long term (current) use of insulin	07/26/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	07/26/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/26/25
Z89.429	Acquired absence of other toe(s) unspecified side	07/26/25

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

Levofloxacin - Levofloxacin: Sodium Chloride 600 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for wound infection for 14 Days
Humalog - Insulin Lispro Recombinant 100 UNIT/ML , Inject 4 unit subcutaneous as necessary Inject 4 unit subcutaneously with meals for DM if blood glucose is >200 Hold dose for Blood Sugar less than 120.
Mounjaro Subcutaneous Solution Auto-injector 5 MG/0.5ML (Tirzepatide) 5 MG/0.5ML , Inject 5 mg subcutaneous once a week every Mon for DM
Saccharomyces boulardii Oral Capsule (Saccharomyces boulardii) Benefiber powder by mouth twice a day Take one packet once a day for Probiotic for 30 Days ok to substitute house stock probiotic
Atorvastatin Calcium - Atorvastatin Calcium 20 MG , Give 1 tablet by mouth at bedtime
Amlodipine Besylate - Amlodipine Besylate 10 MG, Give 1 tablet by mouth once a day
Acetaminophen - Acetaminophen 325 MG , Give 325 mg by mouth every 6 hours Give 325 mg by mouth every 6 hours as needed for Pain of 1-5 Not to exceed >3 GMs in 24 hours
Loratadine - Loratadine 10 MG , Give 1 tablet by mouth once a day
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT , 1 spray Nasal once a day
Citalopram Hydrobromide - Citalopram Hydrobromide 20 MG , Give 1 tablet by mouth once a day
Sennosides - Senna 8.6-50 MG , Give 2 tablet by mouth twice a day As needed for constipation
Toujeo Solostar - Insulin Glargine Recombinant 16 units subcutaneous once a day DM2

14. DME and Supplies:

wound care supplies, diabetic supplies, bath bench

15. Safety Measures:

sharps precautions, standard precautions, infectious material management, walker precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bathroom safety

16. Nutrition:

diabetic

17. Allergies:

penicillin sulfa

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Partial Weight Bearing, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A 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.

22.B.Discharge Plans

patient will be responsible for managing treatment
patient will be responsible for managing treatment
add discharge plan
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis Of Left Lower Limb, 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: The patient is a 68-year-old female with a past medical history significant for type 2 diabetes mellitus, hypertension, hyperlipidemia, and a diabetic ulcer on the left foot. She was recently hospitalized for an infected diabetic foot ulcer and underwent revision, exploration, and incision and drainage of the left foot wound on July 6, 2025. The patient is currently admitted to home health services for ongoing wound care. On assessment, the ulcer on the plantar area of the right foot presents with a beefy red wound bed and serous drainage, measuring 3 cm x 4 cm x 0.2 cm. The wound was cleansed with normal saline, and a wet-to-dry dressing was applied. Lung sounds were clear to auscultation, bowel sounds were active, and pulses were palpable in all extremities. Skin was warm, dry, and intact except for the foot ulcer. The patient ambulates with a walker and wears a lower leg boot on the left. She lives alone on the 9th floor of an apartment building, which was observed to be cluttered; she was advised on fall prevention strategies, including clearing pathways and using a quad cane indoors and a rolling walker outdoors. She was encouraged to seek assistance from her son for wound care between skilled nursing visits. At present, she is independent with self-care, functional transfers, and ambulation, and no further occupational therapy services are deemed necessary. Vitals were obtained, a full admission interview was completed, and a medication review was performed. Date of Order 07/26/2025 Orders Physician Face-to-Face Date: 07/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Cellulitis Of Left Lower Limb 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: PT Eval Notes: OT Eval Notes: Physician Ramos, Manuel

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 07/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Manuel Ramos
1205 York Road Suite 36
Lutherville , MD 21093
PHONE: 4108327350 FAX: 14108327351 NPI: 1427166222

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 : 07/20/2025

27. Attending Physician's Signature and Date Signed **08/29/2025**: 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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Sharon Vogel 500 Virginia Ave Apt 907, Towson, MD 21286 - 410-938-0219	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (07/26/2025 - 07/26/2025), WK2: 2 (07/27/2025 - 08/02/2025), WK3: 1 (08/03/2025 - 08/09/2025), WK4: 1 (08/10/2025 - 08/16/2025), WK5: 1 (08/17/2025 - 08/23/2025)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, balance deficit, open sores/lesions, red/tender pressure points, #1 - Open Wound - Other - Left foot plantar - Diabetic Ulcer with minimal serous drainage to dressing. Wound bed beefy red and no sloughing noted., #2 - Other - Other - Right Plantar foot - Callus

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, apply unna boot, physician-ordered wound care: To left foot wound, cleanse with normal saline, gently pack with fluffed normal saline moistened gauze. Cover with Dry sterile gauze and Kerlix. Change daily. To right foot callus wound- Cleanse with normal saline, apply Marathon Skin protectant, Open to air. Change Daily. Prevalon Boot as tolerated and Prevalon Boots while in bed., glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: I just want this sore to heal.

GOALS
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
* 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's living environment is clean/uncluttered

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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/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

caregiver administers and/or packages medications appropriately

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
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (07/27/25-08/02/25) ,WK3: 1 (08/03/25-08/09/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: The medication was reviewed with patient , Home exercises : Straight leg raising , long arc , marching --10x3 reps , cough/deep breathing exercises, incentive spirometer, 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

PT Goals

PATIENT-STATED GOAL: The patient wants to walk straight

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

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	07/26/2025

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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, 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 assist, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Medication Review-

* home remedies to keep lungs healthy
* 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

Car Transfer - 06. Independent

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

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

Medication Review-

Sit to Stand - 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

OT Careplans

OT WK1: 1 (07/26/25-07/26/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I am fine and do not need the service

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	07/26/2025