Home Health Certification and Plan of Care

Order ID: 1150/12089

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89292357	09/10/2025	From: 09/10/2025 To: 11/08/2025	14390	217058

6. Patient's Name and Address
Dorothy Hamilton
4113 BALMORAL CIRCLE,
PIKESVILLE, MD 21208-
410-922-8650

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 02/26/1940 **9.Sex** Female

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

Tylenol - Acetaminophen 500 mg, 2 tablets by mouth every 6 hours As needed for pain
Norvasc - Amlodipine Besylate 10 Mg, Tablet by mouth once a day Blood pressure
Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg , Tablet by mouth at bedtime Cholesterol
Apresoline - Hydralazine Hydrochloride 25 mg 25 Mg , Tablet by mouth twice a day Blood pressure

11. ICD	Principal Diagnosis	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	09/10/25

13. ICD	Other Pertinent Diagnoses	Date
S42.422D	Displ commnt suprcndl fx w/o intrcndl fx l humer 7thD	09/10/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	09/10/25
N18.31	Chronic kidney disease stage 3a	09/10/25
E78.5	Hyperlipidemia unspecified	09/10/25
N32.81	Overactive bladder	09/10/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/10/25
Z91.81	History of falling	09/10/25

14. DME and Supplies:
wound care supplies, urinary/catheter supplies, bath bench

15. Safety Measures:
medication safety, infectious material management, standard precautions, fall precautions, transfer with assist, supervision at all times, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
clonidine nifedipine penicllin g lisinopril

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, 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: poor

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety, 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 an 85-year-old female with a past medical history significant for cerebrovascular accident (CVA), dementia, and stage 3 chronic kidney disease, admitted to home health services on 9/10/25 following a recent hospitalization for a left distal humerus fracture sustained after a fall from the toilet. The fracture, identified as an intra-articular displaced supracondylar distal humerus fracture of the left elbow on 6/30/25, is being managed conservatively. She was previously discharged from home health services but was re-referred after being cleared for gentle left upper extremity movement and strengthening. At present, the patient is bedbound, totally dependent for all activities of daily living and functional mobility, and no longer able to self-feed. She exhibits spasticity with a tendency toward flexion, and strength testing could not be fully assessed due to cognitive impairment. On assessment, the patient was asleep, disoriented, and not in apparent distress. She has bilateral upper extremity weakness with limited use of her arms and responds to painful stimuli by facial grimacing. Lung sounds are clear bilaterally. She is incontinent of both urine and stool; the family currently manages urinary incontinence with a wick device. Skin assessment revealed a necrotic, unstageable left heel pressure ulcer measuring 5.0 x 6.5 cm and a stage 2-3 sacral pressure ulcer measuring 6.0 x 7.0 x 0.2 cm with a pink wound bed. Drainage from the heel wound could not be assessed due to a barrier cream applied prior to the visit. At the time of evaluation, there were no wound care orders present in the chart. The skilled nurse recommended leaving the heel wound open to air and initiating Medihoney dressings daily. Orders for wound care, skilled nursing, and PT/OT evaluations were placed. Family and caregivers were educated on proper wound care, incontinence care, and pressure relief techniques, and they verbalized understanding and receptiveness to all instructions. The physical therapist additionally educated family and caregivers on the importance of frequent repositioning to relieve pressure, safe body mechanics during caregiving tasks, and the potential need for durable medical equipment, including a hospital bed and possibly a mechanical lift, to reduce injury risk for both the patient and caregivers. A home exercise program focusing on passive range of motion was introduced to maintain flexibility and reduce risk of contracture. The plan of care includes skilled nursing for wound management, pressure injury prevention, and ongoing patient/family education, as well as skilled physical and occupational therapy to address range of motion, contracture prevention, caregiver training, and safety. Close follow-up with the primary care provider and wound care specialists is recommended to obtain formal wound care orders and supplies.
 Date of Order 09/10/2025 Orders Physician Face-to-Face Date: 08/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat hha-adl's due to Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety 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: soc PT Eval Notes: OT Eval Notes: Physician Dormevil, Raymond

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Raymond Dormevil
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1245627892

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 : 08/05/2025

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.

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SN Careplans

SN WK1: 1 (09/10/2025 - 09/13/2025), WK2: 2 (09/14/2025 - 09/20/2025), WK3: 2 (09/21/2025 - 09/27/2025), WK4: 1 (09/28/2025 - 10/04/2025), WK5: 1 (10/05/2025 - 10/11/2025), WK6: 1 (10/12/2025 - 10/18/2025), WK7: 1 (10/19/2025 - 10/25/2025), WK8: 1 (10/26/2025 - 11/01/2025), WK9: 1 (11/02/2025 - 11/08/2025)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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

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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited range of motion, muscle weakness, poor muscle tone, limited strength, red/tender pressure points, #1 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Left Heel - 100% NECROTIC TISSUE , #2 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Posterior Sacrum - PINK WOUND BED

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: AWAITING ORDERS FROM MD, bladder training

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 keep home safe for patient with dementia coping strategies for the caregiver, 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: CAREGIVER WANT THE WOUNDS TO IMPROVE

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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/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

meal preparation is available to patient for all meals

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

PT Careplans

PT WK1: 1 (09/10/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Bed mobility training, Medication Review- : medications reviewed with patient/caregiver, transfers training, therapeutic exercises

PT Goals

PATIENT-STATED GOAL: To prevent contractures

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

Signature of Physician:

Date

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

Date
09/10/2025

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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, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Medication Review-

Roll left & Right - 01. Dependent

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

Sit to Lying - 01. Dependent

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate assistance

Medication Review

OT Careplans

OT WK1: 1 (09/10/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25)

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: Pt will tolerate LUE ROM with minimal pain, 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 - 03. Partial/moderate assistance, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Shower/Bathe Self - 01. Dependent, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 03. Partial/moderate assistance, increase self feeding to max A, increase grooming to max A, Pt will tolerate LUE ROM with minimal pain

OT Goals

PATIENT-STATED GOAL: Improve function of the LUE and improve self feeding

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

Oral Hygiene - 03. Partial/moderate assistance

Eating - 03. Partial/moderate assistance

increase self feeding to max A

increase grooming to max A

Pt will tolerate LUE ROM with minimal pain

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Shower/Bathe Self - 01. Dependent

Toileting Hygiene - 01. Dependent

Don/Doff Footwear - 01. Dependent

HHA Careplans

HHA WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 2 (09/28/25-10/04/25) ,WK5: 2 (10/05/25-10/11/25)

PROCEDURES: Assist with bed mobility, Change linens: Change linens weekly and as needed if clean linens are available. , assist with bathing: Bedbath, wash hair., assist with toileting hygiene, assist with feeding/eating, assist with infection control, assist with fall prevention, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

09/10/2025