Home Health Certification and Plan of Care

Order ID: 1150/12095

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36684340	08/26/2025	From: 08/26/2025 To: 10/24/2025	13195	217058

6. Patient's Name and Address

Shirley Jennings
3645 Dudley Ave,
BALTIMORE, MD 21213-
443-772-6036

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 02/16/1950 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	08/26/25

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	08/26/25
I50.32	Chronic diastolic (congestive) heart failure	08/26/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/26/25
E55.9	Vitamin D deficiency unspecified	08/26/25
J44.89	Other specified chronic obstructive pulmonary disease	08/26/25
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	08/26/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/26/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/26/25
I27.20	Pulmonary hypertension unspecified	08/26/25
F32.A	Depression unspecified	08/26/25
I25.2	Old myocardial infarction	08/26/25
M19.90	Unspecified osteoarthritis unspecified site	08/26/25
N76.89	Other specified inflammation of vagina and vulva	08/26/25
R26.89	Other abnormalities of gait and mobility	08/26/25
E66.9	Obesity unspecified	08/26/25
Z99.81	Dependence on supplemental oxygen	08/26/25
Z91.81	History of falling	08/26/25

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

Acetaminophen - Acetaminophen 325 mg, take 2 tablets by mouth every 6 hours q6hr prn for pain
Albuterol Sulfate - Albuterol Sulfate 108 mcg, 2 puff inhalation inhalant every 6 hours 108 mcg, 2 puff po every 6 hours prn for sob or wheezing
Famotidine - Famotidine 20mg, give 1 tablet by mouth once a day for gerd
Pantoprazole - Pantoprazole Sodium 20mg, tablet by mouth once a day
Mylanta - Simethicone 200-200-20, take 30 ml,solution by mouth every 4 hours 200-200-20, take 30 ml, every 4 hours as needed to indigestion
Senna S - Senna 8.6-50, take 2 tablets by mouth once a day 8.6-50, take 2 tablets once daily for bowel regimen
Torsemide - Torsemide 10 MG, Give 1 tablet by mouth once a day for chf
Dulcolax - Bisacodyl 5 MG, Take 1 tablet by mouth as necessary Take 1 tab dulcolax as needed, if senna not effective
Dicyclomine - Dicyclomine Hydrochloride 10mg by mouth as necessary For spasms
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 25mg by mouth once a day HTN
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 800/160 by mouth twice a day Infection
Amilodipine - Amlodipine Besylate 5mg by mouth once a day HTN
Tramadol - Tramadol Hydrochloride 50mg by mouth twice a day
Oxygen - Oxygen 2L nasal cannula continuous
Mupirocin - Mupirocin 2% topical as necessary
Hydrocortisone - Hydrocortisone 0.5 perc O.5% topical as necessary

14. DME and Supplies:

commode, oxygen supplies, hospital bed, reacher, wheelchair, walker, wound care supplies

15. Safety Measures:

infectious material management, medication safety, bathroom safety, wheelchair precautions, walker precautions, supervision at all times, standard precautions, O2 precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet, low sodium

17. Allergies:

lisinopril penicillin

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis of right 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 75-year-old female with a significant past medical history including morbid obesity, HFpEF, COPD with chronic respiratory failure, asthma, hypertension, diabetes, GERD, and osteoarthritis. She is currently on 2L of supplemental oxygen via nasal cannula and is primarily bedbound, seated at the edge of the bed during the day. The patient was recently referred for home health services due to a lower extremity cellulitis exacerbation, which was likely caused by trauma sustained after hitting her leg on a wheelchair. She reports pain rated 8/10 on the right hip and lower leg, and notes difficulty affording prescribed lidocaine patches. Despite a recent increase in her Tramadol dosage, her pain remains uncontrolled, preventing her from standing or transferring to a wheelchair. She remains non-weight-bearing and is at baseline functional status. Physical therapy services are not recommended at this time due to poor pain control. Occupational therapy evaluation revealed decreased activity tolerance, bilateral upper extremity weakness, and poor core stabilization, leading to complete dependence in all self-care tasks. The patient is aware of her medications and their purposes, and she has been using those prescribed to support bowel movements; her last bowel movement was reported on Sunday. Dependent edema and poor circulation were noted in the lower extremities, along with skin discoloration. Compression stockings were recommended by the provider, though they were not in use at the time of assessment. The patient was educated on their benefits. Skilled OT services are recommended to address deficits impacting her ability to perform upper extremity ADLs with setup assistance.

 Date of Order
 08/26/2025 Order
 Physician Face-to-Face Date: 08/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management wound care DX: Cellulitis of right 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: Bruney, Francisca

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Francisca Bruney
8601 Veterens Highway
Millersville, MD 21108
PHONE: FAX: NPI: 1629282264

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 : 08/20/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Shirley Jennings 3645 Dudley Ave, BALTIMORE, MD 21213- 443-772-6036	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 2 (08/26/2025 - 08/30/2025), WK2: 2 (08/31/2025 - 09/06/2025), WK3: 1 (09/07/2025 - 09/13/2025), WK4: 1 (09/14/2025 - 09/19/2025)

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

HOSPITALIZATION RISKS: 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, 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; 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.

right lower leg wound. Cleanse with wound wash apply ABX ointment cover with non stick gauze wrap with kerlix secure with tape daily
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, Home Safety, cramping calves/thighs/hips, abnormal blood pressure, swelling in legs/around eyes, swelling in the arms/legs, delayed capillary refill, dependent edema, M1400 - Dyspnea, constipation, heartburn/indigestion, M1610 - Urinary Incontinence, increased urine output, limited range of motion, muscle weakness, limited strength, limited endurance, muscle spasms, swelling of affected area, balance deficit, pain radiating to arms/legs, weak hand grips, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity, skin breakdown r/t incontinence, swell/redness surround. skin, discolored patches of skin, rough/scaly/cracked skin, #1 - Open Wound - Anterior Right Below Knee - Injury from wheelchair pink wound bed o drainage noted

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: right lower leg wound. Cleanse with wound wash apply ABX ointment cover with non stick gauze wrap with kerlix secure with tape daily, bladder training, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, 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, * how to take the patient's blood pressure record the reading, 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, * 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, * 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

PATIENT-STATED GOAL: just to be in better health

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

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 is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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 take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

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 manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/26/2025

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cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * 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, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient's living environment is clean/uncluttered

PT Careplans

PT WK1: 1 (08/26/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170D1 - Sit to Stand, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, 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

PROCEDURES: Medication Review- : medications reviewed with patient/caregiver

TEACH PATIENT/CAREGIVER: * 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, Toilet Transfer - 04. Supervision or touching assistance, Picking Up Object - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to transfer to the wheelchair

GOALS
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

Toilet Transfer - 04. Supervision or touching assistance

Picking Up Object - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Medication Review

OT Careplans

OT WK1: 8 (08/26/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: equipment training, work simplification/energy conservation, assist with bathing, assist with toileting hygiene, assist with transferring, assist with lower body dressing, assist with upper body dressing, therapeutic exercises, therapeutic exercises

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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to walk better;I want to walk better

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 - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

HHA Careplans

HHA WK1: 3 (08/26/25-08/30/25)

PROCEDURES: assist with bathing: Dependent in bed, assist with toilet transferring: Dependent in bed, assist with toileting hygiene: Dependent in bed, assist with transferring: Dependent, assist with lower body dressing: Max a, assist with upper body dressing: Dependent

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/26/2025