

Home Health Certification and Plan of Care				Order ID: 1150/12618	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
69134734		09/25/2025		From: 09/25/2025 To: 11/22/2025	
				4. Medical Record No.	
				17750	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Janet Schlegl 403 Denton Way, ABINGDON, MD 21009- 410-776-7526				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 03/30/1942 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Aspirin 81Mg - Aspirin take 81 mg tablet by mouth every other day 81 mg, every other day	
T81.31XD		Disruption of external operation (surgical) wound NEC subs		Colchicine - Colchicine take 0.6 mg tablet by mouth once a day 0.6 mg, Oral, 1 time daily PRN	
13. ICD		Other Pertinent Diagnoses		Glucotrol - Glipizide take 5 mg tablet by mouth twice a day 5 mg, 2 times daily before meals	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		Zestril - Lisinopril take 40 mg tablet by mouth once a day 40 mg, 1 time daily	
I21.4		Non-ST elevation (NSTEMI) myocardial infarction		Lumigan - Bimatoprost 0.01 % , eye drops drops at bedtime 1 drop, nightly	
I82.C11		Acute embolism and thrombosis of right internal jugular vein		polyvinyl alcohol-povidone PF (REFRESH) 1.4-0.6 % , eye drops drops twice a day 1 drop, 2 times daily PRN	
E11.65		Type 2 diabetes mellitus with hyperglycemia		Pravachol - Pravastatin Sodium take 20 mg tablet by mouth once a day 20 mg, 1 time daily	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kny		Trazodone - Trazodone Hydrochloride take 50 mg tablet by mouth at bedtime 50 mg, Oral, nightly	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		Allopurinol - Allopurinol 300 by mouth once a day	
N18.32		Chronic kidney disease stage 3b		Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 by mouth once a day For 4 days starting September 24.	
D63.1		Anemia in chronic kidney disease		Epinephrine - Epinephrine 0.3mg intramuscular as necessary	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		Clopidogrel - Clopidogrel 75 by mouth once a day	
E78.5		Hyperlipidemia unspecified		Amiodarone - Amiodarone Hydrochloride 200mg, take 1 tablet by mouth once a day Heart	
I87.2		Venous insufficiency (chronic) (peripheral)		Eliquis - Apixaban 2.5MG, TAKE 1 TABLET by mouth twice a day Blood thinner	
M10.9		Gout unspecified		Furosemide - Furosemide 40 mg 40mg, take 1 tablet by mouth once a day	
H40.9		Unspecified glaucoma		Fluid pill x 7 days	
K21.9		Gastro-esophageal reflux disease without esophagitis		Tylenol - Acetaminophen 325mg , take 2 tablet by mouth every 6 hours Pain	
F41.9		Anxiety disorder unspecified		Hydralazine - Hydralazine Hydrochloride 25 MG, Take 2 tablets by mouth three times a day HTN	
Z95.1		Presence of aortocoronary bypass graft			
Z79.82		Long term (current) use of aspirin			
Z79.84		Long term (current) use of oral hypoglycemic drugs			
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits			
Z79.01		Long term (current) use of anticoagulants			
Z79.02		Long term (current) use of antithrombotics/antiplatelets			
Z85.3		Personal history of malignant neoplasm of breast			
Z90.13		Acquired absence of bilateral breasts and nipples			
14. DME and Supplies:				15. Safety Measures:	
rolling walker, hand held shower, grab bars, diabetic supplies				walker precautions, , infectious material management, , diabetic precautions, cardiac precautions, , bathroom safety, avoid temperature extremes, , ambulates with device	
16. Nutrition:				17. Allergies:	
cardiac diet, renal diet, low sodium				atorvastatin codeine entex t indomethacin oxycodone pneumococcal vaccine st	
18.A. Functional Limitations				18.B. Activities Permitted	
Dyspnea With Minimal Exertion, Ambulation, Hearing				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: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Disruption Of External Operation Wound Not Elsewhere Classified, In A 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:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/25/2025			
24. Physician's Name and Address		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.	
Jenaro Hernandez 1001 Pine Heights Ave Abingdon, MD 21229 PHONE: 410-515-5440 FAX: NPI: 1386935724		F2F date : 09/22/2025	
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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medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		* how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids 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 * 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/25/2025