Home Health Certification and Plan of Care

Order ID: 1150/13400

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100017846	10/12/2025	From: 10/12/2025 To: 12/10/2025	18283	217058

6. Patient's Name and Address
Jean Thomas
3670 Clifmar Rd,
WINDSOR MILL, MD 21244-
443-870-0824

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 07/04/1941 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.154	Pressure ulcer of sacral region stage 4	10/12/25

13. ICD	Other Pertinent Diagnoses	Date
L89.224	Pressure ulcer of left hip stage 4	10/12/25
L89.214	Pressure ulcer of right hip stage 4	10/12/25
B95.61	Methicillin suscep staph infct causing dis classd elswhr	10/12/25
B96.4	Proteus (mirabilis) (morganii) causing dis classd elswhr	10/12/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	10/12/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/12/25
N18.30	Chronic kidney disease stage 3 unspecified	10/12/25
D63.1	Anemia in chronic kidney disease	10/12/25
F03.C3	Unspecified dementia severe with mood disturbance	10/12/25
F32.A	Depression unspecified	10/12/25
E78.5	Hyperlipidemia unspecified	10/12/25
G89.4	Chronic pain syndrome	10/12/25
M54.50	Low back pain unspecified	10/12/25
E46.	Unspecified protein-calorie malnutrition	10/12/25
R13.11	Dysphagia oral phase	10/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/12/25
K29.50	Unspecified chronic gastritis without bleeding	10/12/25
M19.90	Unspecified osteoarthritis unspecified site	10/12/25
Z91.81	History of falling	10/12/25

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

Donepezil Hydrochloride - Donepezil Hydrochloride 5 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for dementia
Duloxetine Hydrochloride - Duloxetine Hydrochloride 30 MG Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for depression
Gabapentin - Gabapentin 600 MG Give 1 tablet by mouth three times a day Give 1 tablet by mouth three times a day for neuropathy
Lisinipril - Hydrochlorothiazide: Lisinopril 10-12.5 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hypertension HOLD FOR SBP LESS THAN 110
Polyethylene Glycol Powder (Polyethylene Glycol 1450 Give 17 gram by mouth once a day Give 17 gram by mouth one time a day for BOWEL REGIMEN MIX WITH 8 OUNCE OF FLUID
Pravastatin Sodium - Pravastatin Sodium 40 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for LIPID CONTROL
Sennosides - Senna 8.6 MG Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for bowel regimen HOLD FOR LOOSE STOOL
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50000 UNIT, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every Fri for SUPPLEMENT
Vitron-C G (Iron-Vitamin C) 65-125 M, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for anemia
Lidocaine - Lidocaine 4 % Cream, Apply to both feet topical twice a day Apply to both feet topically two times a day for pain

14. DME and Supplies:
grab bars, bath bench, wheelchair, hoyer lift, hospital bed, commode

15. Safety Measures:
wheelchair precautions, , , infectious material management, , emergency phone # clearly displayed, bathroom safety

16. Nutrition:
regular

17. Allergies:
codeine

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: 0. Never, 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: 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 Pressure Ulcer Of Sacral Region Stage 4 , 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 84-year-old female recently discharged home from a skilled nursing facility following treatment for multiple pressure ulcers and general functional decline. Her past medical history is significant for dementia without behavioral, psychotic, or mood disturbance; chronic kidney disease, stage 3; gastroesophageal reflux disease without esophagitis; osteoarthritis; chronic pain syndrome; local skin and subcutaneous tissue infection; stage 4 pressure ulcers of the right and left hips; anemia; protein-calorie malnutrition; depression; generalized muscle weakness; dysphagia (oral phase); and reduced mobility. She was hospitalized from August 14, 2025, through October 7, 2025, for worsening mobility and increased purulent drainage from pressure wounds prior to transfer to subacute rehabilitation.   At the time of this assessment, the patient resides at home with her son, who serves as her primary caregiver and was present during the visit. The patient requires maximal assistance for all basic activities of daily living (ADLs), including feeding, grooming, bathing, dressing, and toileting. She demonstrates severely limited bed mobility and is unable to stand or ambulate independently. The patient remains primarily bedbound, placing her at high risk for further skin breakdown and infection. Her son provides assistance with repositioning and performs wound care between skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh>.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Chaitanya Ravi
5400 OLD COURT ROAD
RANDALLSTOWN, MD 21133
PHONE: 410-521-4211 FAX: 14105210627 NPI: 1376504027

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 : 10/03/2025

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
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 Wound assessment reveals multiple pressure ulcers. The left hip, left lower back, sacrum, and right hip each present with stage 3 to 4 pressure injuries. Current wound care orders include cleansing all affected sites with Vashe wound cleanser, applying alginate to the wound bed, and covering with bordered foam dressings. The patient's son has been instructed and demonstrates understanding of wound care procedures and infection prevention techniques. The wounds will continue to be closely monitored for changes in drainage, odor, or surrounding erythema.   The patient is currently receiving referrals for physical and occupational therapy evaluations to assess her potential for improved mobility, positioning, and independence in self-care tasks. Given her multiple comorbidities, deconditioning, and extensive wound burden, she will benefit from continued skilled nursing oversight for wound management, nutritional support, and coordination of multidisciplinary care.   Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> are recommended at a frequency of three times weekly for one week, then twice weekly for eight weeks (3w1, 2w8). The next skilled nursing visit is scheduled for Wednesday. The plan of care includes wound care management, infection surveillance, medication review, pain assessment and control, nutritional counseling for protein-rich diet to support wound healing, caregiver education regarding repositioning and pressure relief strategies, and coordination with the therapy team to promote functional improvement and prevent further decline.
 Date of Order 10/12/2025 Orders Physician Face-to-Face Date: 10/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pressure Ulcer Of Sacral Region Stage 4 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 Ravi, Chaitanya

SN Careplans

SN WK1: 2 (10/12/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 2 (11/02/25-11/08/25) ,WK5: 2 (11/09/25-11/15/25) ,WK6: 2 (11/16/25-11/22/25)

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, 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: M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited range of motion, limited strength, open sores/lesions, #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Other - Left hip - Cleanse with vashe wash apply alginate to wound bed cover with bordered foam , #2 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Other - Left lower back - Cleanse with vashe wash apply alginate to wound bed cover with bordered foam , #3 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Other - Left sacrum - Cleanse with vashe wash apply alginate to wound bed cover with bordered foam , #4 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Other - Right hip - Cleanse with vashe wash apply alginate to wound bed cover with bordered foam

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , physician-ordered wound care: Woundcare order change on 10/23/2025: Wash with Vashe soak for 5-10 min, pat dry, apply aquacel Ag and polymen silver, cover with foam dressing. Change everyother day., physician-ordered wound care: Cleanse pressure ulcers with wound cleanser apply silver alginate to wound bed cover with bordered foam dressing. Change daily and as needed., 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose,

SN Goals

PATIENT-STATED GOAL: I want my wounds to heat

GOALS
patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/12/2025

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schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, * 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

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

patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* 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

PT Careplans

PT WK1: 1 (10/12/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Therapeutic exercise , Bed mobility , Sitting balance, Sitting balance , Medication Review- Medications reviewed with patient/caregiver., wheelchair training, transfers 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 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, Chair to Bed to Chair - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Pt will perform rolling B with modA, use ofbedrails as needed., Pt will perform supine to sit and sit to supine with maxA, use ofbedrails as needed., Pt will perform sit<>stand with maxA to promote increased independence with ADLs.

PT Goals

PATIENT-STATED GOAL: To improve transfers and bed mobility

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
* 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

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

Car Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Pt will perform rolling B with modA, use ofbedrails as needed.

Pt will perform supine to sit and sit to supine with maxA, use ofbedrails as needed.

Pt will perform sit<>stand with maxA to promote increased independence with ADLs.

OT Careplans

OT WK1: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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: 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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting

OT Goals

PATIENT-STATED GOAL: to be 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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/12/2025

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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, 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 - 06. Independent

* teach relaxation skills and diversional activities
* 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 - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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