

Home Health Certification and Plan of Care				Order ID: 1150/13548					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
94337156		10/16/2025		From: 10/16/2025 To: 12/14/2025		18505		217058	
6. Patient's Name and Address Sharon Close 2420 E JOPPA RD, PARKVILLE, MD 21234- 410-497-4244					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 07/31/1947 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD L03.115		Principal Diagnosis Cellulitis of right lower limb			Date 10/16/25		Oxygen - Oxygen 2 litres nasal cannula continuous on 2-3 L oxygen via nasal cannula Budesonide - Budesonide 1 mg, Inhalation, take 2 inhalant twice a day calcium carbonate 1,000 mg, Oral tablet, take 3 tablet by mouth three times a day Folic Acid - Folic Acid 1 mg, Oral, take 1 tablet by mouth once a day Proair Hfa - Albuterol Sulfate 108 (90 BASE) mcg /2 puffs, Inhalation inhalant every 6 hours Singulair - Montelukast Sodium 10 mg oral tablet, take 1 tablet by mouth once a day Colace - Docusate Sodium 100 mg, Oral tablet by mouth at bedtime buPROPion (WELLBUTRIN SR) 100-200 mg,Oral,Take 2 tablet by mouth twice a day Take 200 mg in the morning, and 100 mg in the evening at 5 pm. tamsulosin (FLOMAX) 0.4 mg oral tablet take 1 tablet by mouth once a day every evening allopurinol (ZYLOPRIM) 100 mg oral tablet, Take 1 tablet by mouth once a day Taken 1x daily for Gout pantoprazole (PROTONIX) 40 mg oral tablet ,take 1 tablet by mouth once a day Taken for Acid reflux mgt traZODone (DESYREL) 150 mg oral tablet by mouth at bedtime Taken for depression busPIRone (BUSPAR) 10-20 mg oral tablet, Take 3 tablet by mouth three times a day Taken 2x a day for anxiety Remeron - Mirtazapine 15 mg 15mg oral tablet by mouth at bedtime Taking 1 1/2 tans daily for anxiety and depression atenolol (TENORMIN) 25 mg Oral tablet, Take 1 tablet by mouth once a day Taking 1x daily for HTN venlafaxine (EFFEXOR-XR) 150 mg oral tablet, take 1 tablet by mouth once a day Taking 1x daily for depression, anxiety cholecalciferol (VITAMIN D) 2,000 Units,oral tablet, take 1 tablet by mouth once a day Daily supplement B Complex Vitamins (VITAMIN B-COMPLEX) TABS Take 1 tablet oral by mouth once a day Daily Supplement Lotrisone - Betamethasone Dipropionate: Clotrimazole 1- 0.05 % cream topical twice a day 1 Application, 2 times daily Lasix - Furosemide 40 mg by mouth once a day To prevent fluid retention		
14. DME and Supplies: rolling walker, bath bench, walker, grab bars, commode, wound care supplies, oxygen supplies, cane					15. Safety Measures: smoke detectors , O2 precautions, fall precautions, ambulates with device, remove environmental barriers, ambulates with assistance, transfer with assist, standard precautions, hand rails, activity supervision				
16. Nutrition: regular					17. Allergies: sulfa antibiotics				
18.A. Functional Limitations Dyspnea With Minimal Exertion, Endurance					18.B. Activities Permitted No Restrictions				
19. Mental & Psychosocial 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: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes									
20. Prognosis: fair									
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.					22.B.Discharge Plans family/caregiver will be responsible for managing treatment family/caregiver will be responsible for managing treatment family/caregiver will be responsible for managing treatment add discharge plan				
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home									
Clinical Condition Requiring Homecare: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Cellulitis Of Right Lower Limb									
SN Careplans SN WK1: 1 (10/16/25-10/18/25) ,WK2: 2 (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) ,WK7: 1 (11/23/25-11/29/25) 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance					SN Goals PATIENT-STATED GOAL: None reported. GOALS patient/caregiver recalls * how to manage skin condition including physician-prescribed treatment * skin care * bathing * sun protection * diet				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 10/16/2025							25. Date HHA Received Signed POT		
24. Physician's Name and Address Rita Mathur 4920 Campbell Blvd White Marsh, MD 21236 PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338					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 : 10/14/2025				
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. PAGE 1 of 4				

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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, 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, weak pulses in feet, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, swelling in the arms/legs, swelling in legs/around eyes, coughing, abnormal bowel sounds, muscle weakness, limited range of motion, limited endurance, poor muscle tone, swelling of affected area, limited strength, difficulty sleeping, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, loss of appetite, obesity, bruising/discoloration, red/tender pressure points, swell/redness surround. skin, discolored patches of skin PROCEDURES: Lab draw: Nurse to draw blood for Chem-7. On next visit. Specimen taken to Kaiser lab., Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * 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 manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, 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 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, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	* exercise * 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 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 * 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 * how to manage gout flare-ups including non-medical pain relief * dietary modifications * 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 is adequately supervised meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to manage sleep disorder including changes to daytime habits and bedtime routine * maintaining a journal to track sleep patterns * recalls related medication(s) purpose, schedule 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 * strategies to increase socialization * 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 * strict compliance with physician orders for anticoagulant administration * avoiding activities that create unnecessary risk for injury * monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising * for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/16/2025

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Sharon Close			HomeCentris Healthcare LLC		
2420 E JOPPA RD,			10 Crossroads Drive, Suite 102		
PARKVILLE, MD 21234-			Owings Mills, MD 21117-8284		
410-497-4244			410-321-8448		
			1487113239		
			patient/caregiver recalls		
			* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings		
			* physical exercise plan		
			* diet		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to keep home safe for patient with vision loss including eliminating hazards		
			* enhancing lighting		
			* using mechanical aids		
			caregiver performs medical/rehabilitation treatments with adequate competence		
			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		
			* 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 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		
PT Careplans			PT Goals		
PT WK1: 1 (10/16/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25)			PATIENT-STATED GOAL: The patient wants to walk and breath better		
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, 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			GOALS		
PROCEDURES: Medication Review: The medication was reviewed with the patient, Home exercises: SLR, LE ABD/ADD, LONG ARC AND HEEL RAISES--10X2 REPS , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance			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		
			* 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		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching		
			1 - Step (curb) - 04. Supervision or touching assistance		
			4 Steps - 04. Supervision or touching assistance		
			12 Steps - 04. Supervision or touching assistance		
			Picking Up Object - 04. Supervision or touching assistance		
			Walk 10 Feet - 04. Supervision or touching assistance		
			Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		
			Walk 150 Feet - 04. Supervision or touching assistance		
Signature of Physician:			Date		
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OT Careplans OT 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) ,WK7: 1 (11/23/25-11/29/25) 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: 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: To be able to step out/ go out 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 Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent
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