Home Health Certification and Plan of Care

Order ID: 1150/13587

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87222945	05/09/2025	From: 11/04/2025 To: 01/03/2026	13286	217058

6. Patient's Name and Address
Erica Joseph
3612 Yenner Lane Apt 3A,
WINDSOR MILL, MD 21244-
443-695-0184

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 02/18/1962 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L97.313	Non-prs chronic ulcer of right ankle w necrosis of muscle	05/09/25

13. ICD	Other Pertinent Diagnoses	Date
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	05/09/25
L03.115	Cellulitis of right lower limb	05/09/25
G90.09	Other idiopathic peripheral autonomic neuropathy	05/09/25
I71.40	Abdominal aortic aneurysm without rupture unspecified	05/09/25
I10.	Essential (primary) hypertension	05/09/25
G62.9	Polyneuropathy unspecified	05/09/25
M32.9	Systemic lupus erythematosus unspecified	05/09/25
E78.5	Hyperlipidemia unspecified	05/09/25
M34.9	Systemic sclerosis unspecified	05/09/25
G31.84	Mild cognitive impairment of uncertain or unknown etiology	05/09/25
D72.829	Elevated white blood cell count unspecified	05/09/25
K59.00	Constipation unspecified	05/09/25
Z79.52	Long term (current) use of systemic steroids	05/09/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/09/25

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

Amlodipine Besylate - Amlodipine Besylate 10 MG, Give 1 tablet by mouth once a day for HTN HOLD for SBP less than 100 and /or heart rate less than 60.
Azathioprine - Azathioprine Sodium 50 MG., Give 2 tablet by mouth twice a day for transplant
Clobetasol Propionate - Clobetasol Propionate 0.05% Ointment, apply to BLE topical twice a day every monday, wednesday, friday for itching for 2 weeks
Losartan Potassium - Losartan Potassium 100 mg, give 1 tablet by mouth once a day 5/21/2025 Instructed to hold 5/21/25 for 5/22/25 debridement for HTN hold for SBP less than 100 and/or heart rate less than 60
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every 4 hours Take 1-2 tablets as needed For wound pai .
Aspirin 81Mg - Aspirin 81mg, Give 1 Tablet Chewable by mouth once a day for heart health
Colace - Docusate Sodium 100mg by mouth two times per week Stool softener
Iron - Ferrous Sulfate: Folic Acid 65mg/325mg by mouth once a day Supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 IU by mouth once a day Supplement

14. DME and Supplies:
wound care supplies, walker

15. Safety Measures:
walker precautions, , ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
pregabalin sulfamethoxazole/trimethoprim

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment
add discharge plan

Homebound status: Due to diagnosis of Non-Pressure Chronic Ulcer Of Right Ankle With Necrosis Of Muscle, 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 presents with open wounds on the right dorsal foot and ankle, which now have skin grafts in place. Dressing changes are required twice weekly. The patient continues to ambulate with a walker and needs assistance with activities of daily living (ADLs). A physical therapy re-evaluation was completed today. Due to ongoing impairments in dynamic standing balance, endurance, and functional mobility-secondary to the right foot wound and recent skin graft-the patient will benefit from continued physical therapy services. Currently, the patient is able to stand and transfer independently and ambulate within the home without assistance. However, the patient requires verbal cues for proper sequencing when negotiating stairs and curbs and needs supervision for outdoor ambulation. A Timed Up and Go (TUG) test was completed in 13 seconds, indicating a reduced fall risk. Continued skilled therapy is recommended to address remaining impairments, support increased independence, and facilitate a safe return to the patient's prior level of function (PLOF).
 Date of Order 11/01/2025 Orders Physician Face-to-Face Date: 04/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Non-pressure chronic ulcer of right ankle with necrosis of muscle Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Patient recertified for continued care
 Physician Wajahat, Neelofar

SN Careplans

SN WK1: 1 (11/04/25-11/08/25) ,WK2: 3 (11/09/25-11/15/25) ,WK3: 3 (11/16/25-11/22/25) ,WK4: 3 (11/23/25-11/29/25) ,WK5: 2 (11/30/25-12/06/25)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

SN Goals

PATIENT-STATED GOAL: "I want these wounds to heal."

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

patient/caregiver recalls

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Leiter, Susan SN RN on 11/01/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Neelofar Wajahat
7141 Security Blvd
Baltimore, MD 21244
PHONE: 855-902-4974 FAX: 14108473396 NPI: 1083861181

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 : 04/25/2025

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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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: pain radiating to arms/legs, bruising/discoloration

PROCEDURES: Physician Ordered Wound Care: Written Order 10/21/2025 William Michael Wolfe, DPM Discontinue all previous wound care. ---------- Skilled nurse/family/caregiver to Cleanse wounds right lateral ankle wound dermal autograft and right dorsal foot wound dermal autograft application with Dakins Solution, Pat dry with a sterile 4x4. Apply Prisma to wound bed, cover with Non adherent Gauze and ace wrap up to the knee. Change the dressing 3 times a week., Medication Review- Medications reviewed with patient/caregiver., cough/deep breathing exercises, physician-ordered wound care: Discontinue all previous wound care. ---------- Skilled nurse/family/caregiver to Cleanse peri wound skin with NS, Pat dry with a sterile 4x4. Apply non adherent (xeroform or adaptic). Cover with 4x4 and ABD pad, and secure with ACE wrap. Change dressing 3 times a week or PRN soiled.

TEACH PATIENT/CAREGIVER: * how to prevent infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * 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, * how to manage the TPN pump including starting and stopping the infusion flushing the catheter catheter pump maintenance troubleshooting, related medication(s) purpose, schedule, * GI-specific diet including appropriate food choices stress management exercise home remedies to manage GI condition, related medication(s) purpose, schedule, * how to control and manage pain adequate fluid intake monitor for S&S of infection high fiber diet, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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 is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence, Medication Review- Patient/Caregiver, related purpose and schedule of medications.

* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

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 optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

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

Medication Review- Patient/Caregiver recalls related purpose and schedule of medications.

patient self-administers medications as prescribed
* 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 manage the TPN pump including starting and stopping the infusion
* flushing the catheter
* catheter pump maintenance
* troubleshooting
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to control and manage pain
* adequate fluid intake
* monitor for S&S of infection
* high fiber diet

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	11/01/2025

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* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to prevent 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
* GI-specific diet including appropriate food choices
* stress management
* exercise
* home remedies to manage GI condition
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
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