Home Health Certification and Plan of Care

Order ID: 1150/13618

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35448620	11/05/2025	From: 11/05/2025 To: 01/03/2026	19091	217058

6. Patient's Name and Address
Vanessa Powell
432 East Federal Street,
BALTIMORE, MD 21202-
410-963-9136

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 04/11/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	11/05/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	11/05/25
E11.9	Type 2 diabetes mellitus without complications	11/05/25
E03.9	Hypothyroidism unspecified	11/05/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/05/25
J45.909	Unspecified asthma uncomplicated	11/05/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/05/25
E66.9	Obesity unspecified	11/05/25
Z68.36	Body mass index [BMI] 36.0-36.9 adult	11/05/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/05/25
Z96.612	Presence of left artificial shoulder joint	11/05/25
Z90.5	Acquired absence of kidney	11/05/25
Z99.89	Dependence on other enabling machines and devices	11/05/25
Z90.710	Acquired absence of both cervix and uterus	11/05/25
Z90.49	Acquired absence of other specified parts of digestive tract	11/05/25

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

Atorvastatin - Atorvastatin Calcium 80 mg oral tablet, take 1 tablet by mouth at bedtime For high cholesterol
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10 mg oral tablet, take 1 tablet by mouth every 6 hours PRN as needed for pain
Metformin - Metformin Hydrochloride 1000 mg oral tablet, Take 1 tablet by mouth twice a day For diabetes
tirzepatide 10 mg/0.5 mL subcutaneous solution subcutaneous as necessary For diabetes mngt

14. DME and Supplies:
walker

15. Safety Measures:
sharps precautions, bathroom safety, , , infectious material management, walker precautions, , diabetic precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter For Surgical Aftercare Following Surgery On The Digestive System, 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 66-year-old female, alert and oriented 4, recently discharged following gastrointestinal surgery, specifically an exploratory laparotomy with lysis of adhesions, partial omentectomy, and open incisional hernia repair with mesh performed on October 21, 2025. Her past medical history includes hypertension, hypercholesterolemia, diabetes mellitus, hypothyroidism, gastroesophageal reflux disease (GERD), obstructive sleep apnea managed with CPAP, asthma, morbid obesity, leg swelling, history of left nephrectomy, left shoulder replacement, hysterectomy, and back surgery. The patient resides in a two-story townhome with her grandson, Glenn, who provides assistance as needed. The home has approximately 10 steps to reach the bedroom and bathroom located on the second floor. She ambulates safely indoors for short distances of about 30 feet with supervision and no assistive device, and she performs stair navigation with supervision. Bed mobility and transfers to bed, chair, and toilet are achieved with supervision. Due to limited endurance and the significant effort required to leave home, the patient meets the criteria for homebound status, supported by a Tinetti score of 16/28. On examination, the surgical incision is located on the lower abdomen, with measurements documented in the medical record. A Jackson-Pratt (JP) drain remains in place with moderate output. The incision site is clean and dry with no signs of infection. The registered nurse provided education on wound and drain care, including instructions for emptying and measuring drain output, maintaining site hygiene, and recognizing signs and symptoms of infection such as redness, swelling, drainage, or fever. The patient verbalized understanding and demonstrated appropriate technique. The patient reports difficulty with transportation and limited access to her prescribed medications, several of which are nearly depleted. The nurse contacted the pharmacy and the attending physician to arrange refills and notified the grandson to assist with medication pickup. The patient remains positive, cooperative, and motivated toward her recovery goals. At present, she functions at or near her baseline level, demonstrating independence in basic self-care, transfers, and functional mobility within the home environment. Occupational therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> determined that no additional OT services are required at this time. However, home physical therapy is recommended to improve strength, balance, and endurance to promote a return to full independence. The plan of care includes continued wound and drain monitoring, adherence to medication and follow-up appointments, reinforcement of infection prevention education, and coordination with physical therapy and occupational therapy for ongoing rehabilitation support.
 Date of Order 11/05/2025 Orders Physician Face-to-Face Date: 10/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Encounter For Surgical Aftercare Following Surgery On The Digestive System 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 Borntrager, Brian

SN Careplans | **SN Goals**

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Brian Borntrager
1111 N Charles St
Baltimre, MD 21201
PHONE: 4108372050 FAX: 18666290091 NPI: 1689455545

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 : 10/21/2025

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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SN WK1: 1 (11/05/2025 - 11/08/2025), WK2: 2 (11/09/2025 - 11/15/2025), WK3: 2 (11/16/2025 - 11/22/2025), WK4: 1 (11/23/2025 - 11/29/2025)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: D0700 - Social Isolation, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M1400 - Dyspnea, poor muscle tone, swelling of affected area, limited strength, limited endurance, Pain Interference with ADLs, loss of appetite, obesity, swell/redness surround. skin, #1 - Observable Surgical Wound - Anterior Midline - Wound to remain open to air, #2 - Non-Observable Surgical Wound - Anterior Left Abdomen - JP drain: Flush with 10ml 0.9% Sodium Chloride Daily, Other: Strip drain frequently. Empty and record outputs twice daily.

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Abdominal Incision: To remain. open to air Drain Care Orders : Flush with 10ml 0.9% Sodium Chloride Daily, Other: Strip drain frequently. Empty and record outputs twice daily., teach/coordinate/arrange medication packaging and/or administration

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, * 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 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: "For the swelling in my abd area to go down and the jp drain be removed"

GOALS
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
* 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
* 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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (11/05/25-11/08/25) ,WK2: 2 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PROCEDURES: Home exercise program : Sitting knee extension, ankle pumps. Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats , Dynamic and static standing balance training, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

PT Goals

PATIENT-STATED GOAL: Be able to get out of the house by myself and go to church

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/05/2025

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OT WK1: 1 (11/04/25-11/08/25)

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

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 - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL: I'm fine

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 - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
11/05/2025