Home Health Certification and Plan of Care

Order ID: 1150/13098

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2WE3AP6NH78	10/09/2025	From: 10/09/2025 To: 12/06/2025	18150	217058

6. Patient's Name and Address

Lucille Garnett Spears
401 S Wickham Rd,
BALTIMORE, MD 21229-
443-310-8242

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 05/27/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I82.401	Acute embolism and thombos unsp deep veins of r low extrem	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	10/09/25
E11.9	Type 2 diabetes mellitus without complications	10/09/25
I89.0	Lymphedema not elsewhere classified	10/09/25
S42.294D	Oth nondisp fx of upr end r humer subs for fx w routn heal	10/09/25
D64.9	Anemia unspecified	10/09/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/09/25
E44.1	Mild protein-calorie malnutrition	10/09/25
Z79.82	Long term (current) use of aspirin	10/09/25
Z79.01	Long term (current) use of anticoagulants	10/09/25
Z95.828	Presence of other vascular implants and grafts	10/09/25
Z91.81	History of falling	10/09/25

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

Eliquis - Apixaban 5 mg , Take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DVT
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 10 mg, Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Omeprazole - Omeprazole 20 mg 20 mg, take 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for GERD
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Lisinopril - Lisinopril 20 mg 20 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Aspirin 81Mg - Aspirin 81 mg , Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CVA Prophylaxis
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplementation
Lidocaine HCl take 4 % Patch, apply to lower back topical once a day Apply to lower back topically one time a day for pain 12 hours on 12 hours off
Meclizine - Meclizine Hydrochloride 25mg; 1 tab by mouth every 8 hours as needed for dizziness
Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for pain Do not exceed more than 3000
Mirtazapine - Mirtazapine 7.5 mg 7.5 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for appetite stimulant
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Lidocaine - Lidocaine take 5 % Patch, apply to right shoulder topical once a day Apply to Right Shoulder topically one time a day for Pain and remove per schedule
Calcium Carbonat 600 mg, take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for supplement
Tizanidine Hydrochloride - Tizanidine Hydrochloride 2 mg, take 1 capsule by mouth every 8 hours Give 1 capsule by mouth every 8 hours for Muscle spasm

14. DME and Supplies:

commode, rolling walker, wheelchair, urinary/catheter supplies, walker, wound care supplies, cane

15. Safety Measures:

wheelchair precautions, , , diabetic precautions, , ambulates with device, walker precautions, , infectious material management, ambulates with assistance, transfer with assist, supervision at all times, , activity supervision

16. Nutrition:

diabetic, low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Cane, Walker, Wheelchair, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tarnisha Fitzgerald
7950 Harford Rd
Parkville, MD 21234
PHONE: 8444810217 FAX: 18443101510 NPI: 1164940656

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 : 09/26/2025

27. Attending Physician's Signature and Date Signed **10/16/2025**: 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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Homebound status: Due to diagnosis of Acute Embolism And Thrombosis Of Unspecified Deep Veins Of Right Lower Extremity, 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 85-year-old female recently discharged from Autumn Lake Rehabilitation Facility, currently requiring skilled nursing (SN), physical therapy (PT), and occupational therapy (OT) services for continued recovery and management of multiple medical conditions. She presents with a pressure ulcer located in the gluteal fold, necessitating ongoing wound assessment and treatment. The skilled nurse recommended application of either a hydrocolloid dressing or Medihoney, depending on wound status and drainage. The patient's past medical history is significant for deep vein thrombosis (DVT) status post inferior vena cava (IVC) filter placement, hypertension (HTN), diabetes mellitus (DM), lymphedema, anemia, gastroesophageal reflux disease (GERD), malnutrition, history of falls, and breast cancer. She was recently hospitalized for a right lower extremity DVT with an extensive thrombus status post thrombectomy and a proximal right humeral fracture sustained from a fall. She is currently prescribed Eliquis for anticoagulation and Meclizine for intermittent dizziness. During assessment, the patient was alert and oriented x3 and reported discomfort related to her pressure ulcer, but denied shortness of breath. Lung sounds were clear bilaterally. She remains incontinent of urine and wears Depends at all times. The patient requires maximal assistance for transfers and ambulation, demonstrating limited tolerance for upright positioning and activity. She was able to ambulate approximately five feet indoors using furniture support before experiencing dizziness and requesting to return to bed. Bed mobility required supervision from supine to sit and moderate assistance from sit to supine, while sit-to-stand from bed required supervision. During physical therapy, the patient tolerated five repetitions each of supine hip flexion, bridging, hooklying rotation, straight leg raises, hip abduction, seated knee extensions, and ankle pumps, with active-assisted range of motion (AAROM) noted for straight leg raises. She was encouraged to sit upright as much as tolerated to improve postural endurance and reduce orthostatic symptoms. The patient resides with her husband in a single-family home with five steps equipped with a handrail leading to the entrance; all essential living areas are on a single level. She is considered homebound due to the significant effort required to leave her home and exhibits high fall risk, as evidenced by a Tinetti score of 11/28. The skilled nurse conducted a comprehensive medication review, verifying indications, dosages, frequencies, and potential side effects. The patient and caregiver received education on the importance of proper wound care, maintaining skin integrity, managing urinary incontinence, and adhering to prescribed treatments. Both the patient and caregiver verbalized understanding of the instructions provided. The patient will continue to receive skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> (1W12W21W6) for comprehensive wound assessment, dressing changes, medication management, and reinforcement of patient and caregiver education regarding skin care and infection prevention. Physical and occupational therapy will continue to focus on improving the patient's mobility, balance, strength, and ability to perform ADLs and IADLs safely. The nurse will closely monitor wound healing progress and assess tolerance and effectiveness of the hydrocolloid or Medihoney treatment. Ongoing instruction will emphasize proper repositioning, fall prevention strategies, and the gradual increase of upright activities as tolerated to enhance conditioning and postural stability. The interdisciplinary care team will maintain active communication and coordination to ensure continuity of care, optimize functional outcomes, promote patient safety, and support progressive recovery toward greater independence within the home environment.
 Date of Order 10/09/2025 Orders Physician Face-to-Face Date: 09/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Acute Embolism And Thrombosis Of Unspecified Deep Veins Of Right Lower Extremity 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: Physician Fitzgerald, Tarnisha

SN Careplans

SN WK1: 1 (10/09/25-10/11/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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: M1720 - Anxiety, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, balance deficit, skin breakdown r/t incontinence, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - GLUTEAL FOLD - PICK WOUND BED WITH SCANT AMOUNT OF SLOUGH

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, physician-ordered wound care: SN/CG TO CLEANSE STGAE 3 PRESSURE ULCER IN BETWEEN THE GLUTEAL FOLD WITH WOUND CLEANSER OR NSS; PAT DRY, APPLY HYDROCOLLOID DRESSING , EVERY 3 DAYS,. SN TO REASSESS EFFECTIVENESS EVERY VISIT., bladder training, coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular

SN Goals

PATIENT-STATED GOAL: i want my butt to heal it hurst

GOALS
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
* 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
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/09/2025

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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, * 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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, meal preparation is available to patient for all meals

* 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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (10/12/25-10/18/25)

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 : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps., Bed mobility training , gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 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, 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: To be able to walk around the house by myself

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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