Home Health Certification and Plan of Care

Order ID: 1150/14085

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11419027570	11/17/2025	From: 11/17/2025 To: 01/15/2026	19557	217058

6. Patient's Name and Address

Christopher Horn
1518 Philadelphia Rd,
Edgewood, MD 21085-
410-538-4825

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 04/06/1961 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
L89.154	Pressure ulcer of sacral region stage 4	11/17/25

13. ICD	Other Pertinent Diagnoses	Date
L89.613	Pressure ulcer of right heel stage 3	11/17/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	11/17/25
E43.	Unspecified severe protein-calorie malnutrition	11/17/25
K70.30	Alcoholic cirrhosis of liver without ascites	11/17/25
F10.90	Alcohol use unspecified uncomplicated	11/17/25
G31.84	Mild cognitive impairment of uncertain or unknown etiology	11/17/25
K76.6	Portal hypertension	11/17/25
I85.00	Esophageal varices without bleeding	11/17/25
D50.9	Iron deficiency anemia unspecified	11/17/25
D69.6	Thrombocytopenia unspecified	11/17/25
N13.9	Obstructive and reflux uropathy unspecified	11/17/25
R33.9	Retention of urine unspecified	11/17/25
Z79.4	Long term (current) use of insulin	11/17/25
Z96.0	Presence of urogenital implants	11/17/25
Z87.891	Personal history of nicotine dependence	11/17/25
Z91.81	History of falling	11/17/25

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

Tylenol - Acetaminophen 325 MG, take 2 tablets by mouth every 6 hours as needed for Pain
Ploglitazone HCl 30 MG, take 1 tablet by mouth once a day for DM
Atorvastatin Calcium - Atorvastatin Calcium 10 MG Oral Tablet ,Take 1 tablet by mouth at bedtime for HLD
Thiamine Mononitrate 100 MG Oral Tablet, Take 1 tablet by mouth once a day for Supplement
Famotidine - Famotidine 20 MG Oral Tablet,take 1 tablet by mouth twice a day for GERD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule,Take 1 capsule by mouth at bedtime for obstructive uropathy
Folic Acid - Folic Acid 1 MG Oral Tablet, Take 1 tablet by mouth once a day for Supplement
Humalog - Insulin Lispro Recombinant 100 UNIT/ML ,Inject 12 unit intravenous before meal Inject 12 unit subcutaneously before meals for DM. Hold if FS <120
Humalog Insulin - Insulin Lispro Recombinant 100 UNIT/ML Injection Solution intravenous as necessary Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 0 - 200 = 0 unit Follow hypoglycemia protocol and notify MD for blood sugar < 70; 201-250 = 2 units; 251-300 = 4 units; 301-3506 units; 351-400 = 8 units; 401+ Notify MD, subcutaneously before meals for DM
Insulin Glargine-yfgn 100 UNIT/ML Subcutaneous Solution Inject 35 unit intravenous at bedtime for DM
Lactobacillus Rhamnosus Give 1 capsule by mouth once a day a day for Probiotics
Propanolol - Hydrochlorothiazide: Propranolol Hydrochloride 10 MG Oral Tablet ,Take 1 tablet by mouth twice a day for HTN
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Tablet Take 1 tablet by mouth in the morning for GERD
Xifaxan - Rifaximin 550 MG Oral Tablet,Take 1 tablet by mouth twice a day for Alcohol liver cirrhosis
Sennosides - Senna 8.6 MG Oral Tablet ,Take 2 tablet by mouth at bedtime very 24 hours as needed for Constipation at bedtime
Calcium Carbonate (Antacid 500 MG Oral Tablet,Give 1 tablet by mouth every 8 hours as needed for Heartburn
Juven Powder (Nutritional Supplements) Give 1 packet Mix with 1-2 oz of liquids (up to 10oz) by mouth twice a day for Support Wound Healing for 29 Administrations Mix with 1-2 oz of liquids (up to 10oz)

14. DME and Supplies:

diabetic supplies, bath bench, walker, hospital bed, wound care supplies

15. Safety Measures:

walker precautions, medication safety, fall precautions, diabetic precautions, ambulates with device, standard precautions, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker

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: 0. Never, 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 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Davis
3400 Box Hill Corporate Center Dr
Abingdon, MD 21009
PHONE: 1-800-777-7904 FAX: kaiser NPI: 1013976091

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 : 11/04/2025

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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Clinical Condition Requiring Homecare:

The patient is a 64-year-old male with a history of type 2 diabetes, hypertension, thrombocytopenia, and recent hospitalization for weakness, dizziness, and a fall, followed by a rehabilitation stay. He is alert and oriented, resides in an assisted living facility, and has stable vital signs. His skin is warm and dry, with a healed right heel wound and an unhealed sacral wound. Chart review indicates an order for sacral wound care using Vashe with wet-to-dry dressings and a bordered foam cover; however, the facility has been performing care using a wound cleanser and Aquacel alginate. Attempts to contact the primary care provider for updated wound orders were unsuccessful. Assisted living staff manage his medications, meals, activities of daily living, and wound care. The patient remains weak, intermittently confused, and has multiple pressure areas with an unsteady gait requiring assistance for safe transfers and ambulation with a walker. Physical therapy focused on strengthening and safe mobility, including instruction in lower-extremity exercises such as straight-leg raises, abduction/adduction, long-arc quads, marching, mini squats, and heel raises. The patient was also trained in safe walker use. Occupational therapy evaluation determined that although the patient was previously assisted by his aunt with instrumental activities of daily living, he is currently independent with basic self-care, transfers, and functional ambulation using a rolling walker. As he is functioning at his baseline and will continue to receive supervision from assisted living staff, skilled OT services are not indicated at this time.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/17/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/04/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: 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<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Davis, Stephanie

SN Careplans

SN WK1: 1 (11/17/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26)

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, muscle weakness, Pain Interference with ADLs, balance deficit, skin breakdown r/t incontinence, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, physician-ordered wound care, glucose testing via monitor

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary modifications for liver disorder, 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

SN Goals

PATIENT-STATED GOAL: For wound to heal

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary modifications for liver disorder
* 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
* 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
* 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 WK1: 1 (11/17/25-11/22/25) ,WK2: 2 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PROCEDURES: Medication review: The medication was reviewed with the patient , Home Exercises: SLR, LE ABD/ADD, LONG ARC , MARCHING , MINI SQUAT AND HEEL RAISES 10X2

PT Goals

PATIENT-STATED GOAL: To get stronger and walk better

GOALS
Chair to Bed to Chair - 06. Independent

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

Signature of Physician:

Date

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

Date
11/17/2025

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REPS , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (11/17/25-11/22/25)

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/17/2025