Home Health Certification and Plan of Care

Order ID: 1150/14137

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15344601	11/15/2025	From: 11/15/2025 To: 01/13/2026	10996	217058

6. Patient's Name and Address
Dolores Scales
2034 Northeast Avenue,
HALETHORPE, MD 21227-
443-939-2259

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 07/07/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	11/15/25

13. ICD	Other Pertinent Diagnoses	Date
R10.32	Left lower quadrant pain	11/15/25
I10.	Essential (primary) hypertension	11/15/25
E78.5	Hyperlipidemia unspecified	11/15/25
Z79.82	Long term (current) use of aspirin	11/15/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/15/25
Z79.4	Long term (current) use of insulin	11/15/25

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

Protonix - Pantoprazole Sodium 40 mg, Take 1 tablet by mouth twice a day
Glucophage - Metformin Hydrochloride 500 mg, Take 1 tablet by mouth twice a day With meals.
Zoloft - Sertraline Hydrochloride 100 mg, Take 1 tablet by mouth once a day
Adalat Cc - Nifedipine 90 mg, Take 1 tablet by mouth once a day
Lasix - Furosemide 40 mg, Take 1 and one-half tablets by mouth once a day
Lyrica - Pregabalin 75 mg, Take 1 capsule by mouth twice a day
Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth once a day
Zetia - Ezetimibe 10 mg, Take 1 tablet by mouth once a day
Ultram - Tramadol Hydrochloride 50 mg, Take (50 mg) tablet by mouth every 6 hours As needed for pain.
Motrin - Ibuprofen 800 mg, Take (800 mg) tablet by mouth every 8 hours As needed for pain.
menthol (BIOFREEZE, MENTHOL,) 5 % Top Gel 5 % Top Gel, Apply 1 Application to affected area(s) topical once a day As needed (pain).
Humalog Kwikpen - Insulin Lispro Recombinant 100 units/ml subcutaneous after meal Inject 28 units under the skin with each meal. For DM
Basaglar - Insulin Glargine 25 units subcutaneous twice a day Inject 30 units subcutaneously every morning and 25 units evey evening

14. DME and Supplies:
diabetic supplies

15. Safety Measures:
standard precautions, sharps precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bathroom safety

16. Nutrition:
diabetic

17. Allergies:
latex

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Up As Tolerated

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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Type 2 diabetes mellitus with hyperglycemia, 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 was referred to home health care services by her primary care provider for disease process and medication management. Her past medical history includes diabetes mellitus, hypertension, and a prior stroke resulting in residual left-sided weakness. She resides in a single-family home with her sister and brother-in-law, who assist with activities of daily living, instrumental activities, meal preparation, shopping, and errands. The patient denies pain, and her skin remains intact. Skilled nursing visits are recommended at a frequency of 1w1 and 2w3, with the next visit scheduled for Tuesday.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/15/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/11/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx:Type 2 diabetes mellitus with hyperglycemia
 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:<o:p></o:p> Physician: Nong Libend, Christelle

SN Careplans

SN WK1: 1 (11/15/25-11/15/25), WK4: 1 (11/30/25-12/06/25), WK5: 1 (12/07/25-12/13/25), WK6: 1 (12/14/25-12/20/25), WK7: 1 (12/21/25-12/27/25), WK8: 1 (12/28/25-01/03/26)

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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

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

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

SN Goals

PATIENT-STATED GOAL: I want to take my meds correctly

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

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 11/11/2025

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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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 ; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

NA
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, swelling in legs/around eyes, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, limited strength, weak hand grips, obesity

PROCEDURES: glucose testing via monitor, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/15/2025