Home Health Certification and Plan of Care

Order ID: 1150/14192

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30393590530	11/21/2025	From: 11/21/2025 To: 01/19/2026	18029	217058

6. Patient's Name and Address
Dorothy Griffin
2711 Allendale Road,
BALTIMORE, MD 21216-
443-226-8422

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 06/17/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	11/21/25

13. ICD	Other Pertinent Diagnoses	Date
S80.12XD	Contusion of left lower leg subsequent encounter	11/21/25
L89.626	Pressure-induced deep tissue damage of left heel	11/21/25
C90.00	Multiple myeloma not having achieved remission	11/21/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/21/25
N18.31	Chronic kidney disease stage 3a	11/21/25
D63.1	Anemia in chronic kidney disease	11/21/25
G89.4	Chronic pain syndrome	11/21/25
G40.909	Epilepsy unsp not intractable without status epilepticus	11/21/25
F31.9	Bipolar disorder unspecified	11/21/25
B18.2	Chronic viral hepatitis C	11/21/25
E78.5	Hyperlipidemia unspecified	11/21/25
D50.9	Iron deficiency anemia unspecified	11/21/25
E83.42	Hypomagnesemia	11/21/25
M19.90	Unspecified osteoarthritis unspecified site	11/21/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/21/25
R73.03	Prediabetes	11/21/25
Z79.82	Long term (current) use of aspirin	11/21/25
Z91.81	History of falling	11/21/25

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

Hydralazine - Hydralazine Hydrochloride 100 MG (Hydralazine HCl) Give 1 tablet by mouth three times a day blood pressure
Torsemide - Torsemide 10 mg 10 MG (Tonsemide) Give 1 tablet by mouth once a day Torsemide Oral Tablet 10 MG (Tonsemide) Give 1 tablet by mouth one time a day for CKD Stage 111
Atorvastatin Calcium - Atorvastatin Calcium 20 MG, Give 1 tablet by mouth at bedtime hyperlipidemia
Levetiracetam - Levetiracetam 500 mg 500 MG (Levetiracetam) Give 1 tablet by mouth twice a day seizure
Losartan Potassium - Losartan Potassium 100 mg 100 MG (Losartan Potasslum) Give 1 tablet by mouth once a day blood pressure
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40 MG (Pantoprazole Sodium) Give 1 tablet by mouth once a day GERD/STOMACH
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 25 MG , Give 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for HTN Hold for HR<60, SBP<115
Nifedipine Er - Nifedipine 90 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Colace - Docusate Sodium 100 MG , Give 1 capsule by mouth twice a day ONLY TAKING 1 TAB THREE TIMES A WEEK
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 MG (Oxycodone HCl) Give 1 capsule by mouth every 4 hours oxyCODONE HCl Oral Capsule 5 MG (Oxycodone HCl) Give 1 capsule by mouth every 4 hours as needed for Pain one tab q 4 hrs prn mod pain scale 4-6 AND two tabs q 6 hrs prn severe pain scale 7-10
Aspirin - Aspirin 81 MG, 81 MG by mouth once a day ANTIPLATELET
Extra Strength Tylenol - Acetaminophen 500 mg tablet by mouth every 6 hours As needed for pain

14. DME and Supplies:
wheelchair, walker, cane

15. Safety Measures:
standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, activity supervision

16. Nutrition:
low sodium,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Walker, 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: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

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 circulatory 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 72-year-old female recently hospitalized for a left medial leg skin graft following hematoma evacuation, now resolved. Her medical history is significant for amyloidosis secondary to multiple myeloma, anemia, uncontrolled hypertension, chronic pain syndrome managed with oxycodone, bipolar II disorder, hepatitis C, prior substance abuse, and a seizure disorder. She is currently residing at her daughter's home, where family members assist with all ADLs and IADLs. She is alert and oriented 3, denies pain and shortness of breath, and reports a good appetite. Lung sounds are diminished throughout. Her left lower extremity donor and graft sites are healed, and a dry, flaky DTI is noted on the left heel. She ambulates with a cane. During the nursing visit, her blood pressure was 160/90; the patient reported not taking her medications that day and expressed reluctance toward medication adherence. The SN reviewed all medications and reinforced the importance of taking them as prescribed; she has a follow-up appointment with her PCP next week. PT evaluation indicates decreased lower-extremity strength (3/5 MMT) and a need for contact guard assistance during transfers and short-distance ambulation with a single-point cane. OT evaluation notes decreased standing balance, endurance, bilateral upper-extremity strength, and activity tolerance, impacting self-care and functional mobility. Both PT and OT services are recommended to improve strength, balance, safety, and overall functional independence, with the goal of returning the patient to her prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/21/2025 <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: Encounter for surgical aftercare following surgery on the circulatory system
 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> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Vellanki, Nandakumar

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nandakumar Vellanki
8850 Columbia 100 Pkwy
Columbia, MD 21045
PHONE: 3015604747 FAX: 13017761725 NPI: 1407886336

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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SN WK1: 1 (11/21/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 2 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25)

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: 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 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: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, abnormal blood pressure, M1600 - UTI, limited strength, limited endurance, Pain Interference with ADLs, balance deficit, rough/scaly/cracked skin, #1 - 7 - Unstageable due to suspected deep tissue injury in evolution. - Posterior Left Heel - CLOSED, DRY AND FLAKY SKIN NOTED

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , physician-ordered wound care: PT TO APPLY AQUAPHOR TO LEFT LEG. DONOR SITE , GRAFT SITE AND LEFT HEEL. DAILY

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, * 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 manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I NEED THERAPY TO BE ABLE TO WALK BETTER

GOALS

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
* 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 take the patient's blood pressure
* record the reading
* 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 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
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/21/2025

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PT Careplans

PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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- : medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, therapeutic exercises

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, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

Medication Review-

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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

PROCEDURES: Medication Review: Medication reviewed with patient and caregiver, cough/deep breathing exercises, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with mobility, assist with lower body dressing, assist with upper body dressing, therapeutic exercises, assist with light housekeeping

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, 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: Go back to my house

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
11/21/2025