Home Health Certification and Plan of Care

Order ID: 1150/14758

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
51272998	12/10/2025	From: 12/10/2025 To: 02/07/2026	5325	217058

6. Patient's Name and Address

Cheryl Brown
3151 KESWICK RD,
BALTIMORE, MD 21211-
410-350-4070

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 01/31/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	12/10/25

13. ICD	Other Pertinent Diagnoses	Date
B96.5	Pseudomonas (mallei) causing diseases classd elswhr	12/10/25
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	12/10/25
N31.9	Neuromuscular dysfunction of bladder unspecified	12/10/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/10/25
N39.498	Other specified urinary incontinence	12/10/25
R33.8	Other retention of urine	12/10/25
I11.0	Hypertensive heart disease with heart failure	12/10/25
I50.32	Chronic diastolic (congestive) heart failure	12/10/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/10/25
E03.9	Hypothyroidism unspecified	12/10/25
G50.0	Trigeminal neuralgia	12/10/25
I48.0	Paroxysmal atrial fibrillation	12/10/25
E78.5	Hyperlipidemia unspecified	12/10/25
M10.9	Gout unspecified	12/10/25
G35.D	Multiple sclerosis unspecified	12/10/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/10/25
D50.9	Iron deficiency anemia unspecified	12/10/25
K62.3	Rectal prolapse	12/10/25
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone	12/10/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/10/25
E55.9	Vitamin D deficiency unspecified	12/10/25
Z79.01	Long term (current) use of anticoagulants	12/10/25
Z85.6	Personal history of leukemia	12/10/25
Z86.16	Personal history of COVID-19	12/10/25
Z87.01	Personal history of pneumonia (recurrent)	12/10/25

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

Acetaminophen - Acetaminophen 500 mg by mouth as necessary For pain
Estradiol cream 0.1mg/1gr topical as necessary For derm
Cpap - Cpap 8-14 inhalant at bedtime
Allopurinol - Allopurinol 300 mg 1 tablet by mouth once a day In preparation for chemo
Prochlorperazine Maleate - Prochlorperazine Maleate eq 10 mg base 1 tablet by mouth four times a day As needed for nausea and vomiting
Sennosides - Senna 1 tablet by mouth twice a day As needed for constipation
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 1/2 tablet by mouth every 6 hours As needed for pain 4-6
Venclexta - Venetoclax 100mg by mouth once a day 4 tabs daily w/ food and a lot of water. Must hold med if infection occurs
Uqora 60 capsule bottle by mouth twice a day 2 tabs in AM and 1 tab PMu Part2.
Uqora Powder 55G by mouth twice a day every 3 days for UTI prevention
Feosol - Ferrous Sulfate: Folic Acid 325mg by mouth once a day Taken as supplement
Levothroxine - Levothyroxine Sodium 125mch by mouth once a day before breakfast 2 tabs on Sunday and Wednesday and 1 tabs on Monday Tuesday Thursday Friday and Saturday for thyroid functions
Atorvastatin - Atorvastatin Calcium 10mg by mouth once a day Needed for cholesterol
Teaching needed
Bumetanide - Bumetanide 2 mg 2mg by mouth twice a day diuretic
Lamotrigine - Lamotrigine 50 mg 2 tablets by mouth once a day Trigeminal neuralgia.
Carbamazepine - Carbamazepine 200 mg 200 mg by mouth three times a day Taking her trigeminal neuralgia
Dilantin - Phenytoin Sodium 100 mg extended 100mg by mouth three times a day Trigeminal neuralgia
Rena Vite 60mg by mouth once a day supplement for kidney mgt
Vitron C 65mg by mouth once a day For Iron supplement
Furosemide - Furosemide 20mg by mouth once a day Patient compliant with med regimen
Flagyl - Metronidazole 500 mg 500mg by mouth three times a day 2pm, 3pm, and 10pm for 2 days before rectal surgery--awaiting scheduling
Neomycin Sulfate - Neomycin Sulfate 500 mg 500mg by mouth three times a day 2 tabs--2pm, 3pm, 10pm the day before surgery
Golytely - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride: Sodium Sulfate Anhydrous 236gm/bot;2.97gm/bot;6.74gm/bot;5.86gm/bot;22.74gm/bot bottle by mouth once a day on the day before surgery mix the solution as directed on label

14. DME and Supplies:

rolling walker, 4 wheeled walker, Foley supplies

15. Safety Measures:

walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , restricted ROM, medication safety, hand rails, fall precautions, emergency phone # clearly displayed, bathroom safety, avoid temperature extremes, ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:

regular

17. Allergies:

bactrim keflex penicillins

18.A. Functional Limitations

Legally Blind, Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 12/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Qinglin Gao
500 Upper Cheasapeak Dr
BEL AIR, MD 21239
PHONE: FAX: NPI: 1053381780

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 : 12/04/2025

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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Cheryl Brown 3151 KESWICK RD, BALTIMORE, MD 21211- 410-350-4070	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Urinary tract infection site not specified, 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 76-year-old female recently hospitalized for a urinary tract infection, with a past medical history significant for chronic lymphocytic leukemia, trigeminal neuralgia, multiple sclerosis, chronic Foley catheter use, atrial fibrillation, and Fuchs disease. She ambulates with a walker and requires one-person assistance at all times due to deconditioning and multiple sclerosis. The patient lives in a two-story row home with her spouse, who provides 24/7 assistance; the bedroom and bathroom are located on the second floor, requiring stair navigation. She is currently home resting comfortably, denies pain, and is alert and oriented 4. A follow-up appointment with her urologist is scheduled for February. The patient requires monthly catheter exchanges and orders for catheter flushing, and both the patient and caregiver require ongoing education regarding Foley catheter care and hygiene. She is also exploring the possibility of transitioning to a suprapubic catheter in the near future. All medications are present in the home and taken as prescribed; medication education was provided. The patient uses a pill organizer, and her caregiver administers medications due to muscle weakness and decreased dexterity in the left hand. Foley catheter supplies are available in the home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/10/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 12/04/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Urinary tract infection site not specified
 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: Gao, Qinglin

SN Careplans

SN WK1: 8 (12/10/25-12/13/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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, 8. Currently reports exhaustion

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; 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.

; 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: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, swelling in legs/around eyes, dependent edema, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, urine retention, frequent urination, poor muscle tone, muscle weakness, swelling of affected area, limited range of motion, limited endurance, limited strength, weak hand grips, balance deficit, B1000 - Vision Deficit, lethargy, sensitivity to sounds & light, daytime fatigue, difficulty sleeping, bruising/discoloration, discolored patches of skin

SN Goals

PATIENT-STATED GOAL: replace foley with suprapubic catheter

GOALS
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/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/10/2025

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PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, catheter change, care & irrigation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired

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 exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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 incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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
* 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
* 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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/10/2025