Home Health Certification and Plan of Care

Order ID: 1150/14770

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36684340	12/05/2025	From: 12/05/2025 To: 02/02/2026	13195	217058

6. Patient's Name and Address
Shirley Jennings
3645 Dudley Ave,
BALTIMORE, MD 21213-
443-772-6036

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 02/16/1950 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.322	Pressure ulcer of left buttock stage 2	12/05/25

13. ICD	Other Pertinent Diagnoses	Date
L89.312	Pressure ulcer of right buttock stage 2	12/05/25
E55.9	Vitamin D deficiency unspecified	12/05/25
I11.0	Hypertensive heart disease with heart failure	12/05/25
I50.30	Unspecified diastolic (congestive) heart failure	12/05/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	12/05/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/05/25
I27.20	Pulmonary hypertension unspecified	12/05/25
I25.2	Old myocardial infarction	12/05/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/05/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/05/25
M19.90	Unspecified osteoarthritis unspecified site	12/05/25
R35.0	Frequency of micturition	12/05/25
R10.84	Generalized abdominal pain	12/05/25
F32.A	Depression unspecified	12/05/25

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

Acetaminophen - Acetaminophen 325 mg, take 2 tablets by mouth every 6 hours q6hr prn for pain
Albuterol Sulfate - Albuterol Sulfate 108 mcg, 2 puff inhalation inhalant every 6 hours 108 mcg, 2 puff po every 6 hours prn for sob or wheezing
Famotidine - Famotidine 20mg, give 1 tablet by mouth once a day for gerd
Pantoprazole - Pantoprazole Sodium 20mg, tablet by mouth once a day
Mylanta - Simethicone 200-200-20, take 30 ml,solution by mouth every 4 hours 200-200-20, take 30 ml, every 4 hours as needed to indigestion
Senna S - Senna 8.6-50, take 2 tablets by mouth once a day 8.6-50, take 2 tablets once daily for bowel regimen
Torsemide - Torsemide 10 MG, Give 1 tablet by mouth once a day for chf
Dulcolax - Bisacodyl 5 MG, Take 1 tablet by mouth as necessary Take 1 tab dulcolax as needed, if senna not effective
Dicyclomine - Dicyclomine Hydrochloride 10mg by mouth as necessary For spasms
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 25mg by mouth once a day HTN
Amilodipine - Amlodipine Besylate 5mg by mouth once a day HTN
Tramadol - Tramadol Hydrochloride 50mg by mouth twice a day
Oxygen - Oxygen 2L nasal cannula continuous
Mupirocin - Mupirocin 2% topical as necessary
Hydrocortisone - Hydrocortisone 0.5 perc O.5% topical as necessary

14. DME and Supplies:
commode, oxygen supplies, hospital bed, urinary/catheter supplies, wheelchair

15. Safety Measures:
supervision at all times, wheelchair precautions, no stair use, activity supervision

16. Nutrition:
cardiac diet, low sodium

17. Allergies:
lisinopril penicillin

18.A. Functional Limitations
Ambulation, Dyspnea With Minimal Exertion, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair

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: 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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Pressure Ulcer Of Left Buttock Stage 2, 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 elderly female admitted to home health services for start of care due to a pressure ulcer to the right buttock, ambulatory difficulty, and chronic obstructive pulmonary disease requiring continuous supplemental oxygen via nasal cannula at 2-3 L/min, making it a taxing effort for her to leave the home. Her past medical history is significant for peripheral vascular disease with discoloration of the lower extremities, hypertension, COPD on continuous oxygen therapy, muscle spasms, and incontinence. The patient resides with her family, including her children and grandchildren; her granddaughter, Aaliya, is listed as the emergency contact, and her grandson serves as the primary caregiver. On assessment, the patient was noted to have a pressure injury to the right buttock requiring daily incontinence care to reduce the risk of infection, as well as a rash present on the right inner thigh. The patient reports adequate pain control with regularly applied topical treatments. Respiratory assessment revealed that the patient reports a cough with thick, off-colored sputum, although no abnormal lung sounds were auscultated during the visit. Education was provided on respiratory infection prevention, including proper hand hygiene, avoiding close contact with individuals exhibiting respiratory symptoms, and the importance of increasing oral hydration to help thin secretions. The patient was instructed to effectively expectorate secretions to prevent pulmonary congestion and complications. The patient declined evaluation and services from physical therapy, occupational therapy, and home health aide at this time. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are planned at a frequency of 1 visit in week 1, 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 2 weeks, and 1 visit per week for 2 additional weeks to monitor wound status, respiratory condition, oxygen use, skin integrity, and reinforce education.
 Date of Order 12/05/2025 Orders Physician Face-to-Face Date: 11/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management due to Pressure Ulcer Of Left Buttock Stage 2 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 Physician Bruney, Monica

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Monica Bruney
962 Wayne Ave #250
Silver Spring, MD 20910
PHONE: 2407440001 FAX: 18882060912 NPI: 1245854348

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 : 11/18/2025

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 Careplans

SN WK1: 8 (12/05/2025 - 12/06/2025), WK2: 2 (12/07/2025 - 12/13/2025)

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: 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 ; 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.

right buttock without open sores noted. Redness noted to inner thigh topical ABX ointment with incontinence care dailuy and as needed
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, M2020 - Oral Med Management, Home Safety, abnormal sputum production, abnormal blood pressure, swelling in the arms/legs, cramping calves/thighs/hips, coughing, M1400 - Dyspnea, heartburn/indigestion, increased urine output, muscle spasms, limited endurance, limited strength, swelling of affected area, poor muscle tone, muscle weakness, limited range of motion, Pain Interference with Therapy activities, balance deficit, pain radiating to arms/legs, Pain Interference with ADLs, Pain Effect on Sleep, obesity, discolored patches of skin, swell/redness surround. skin, red/tender pressure points, #1 - Other - Posterior Right Buttock - rash with redness noted to right buttock without open sores noted. Redness noted to inner thigh

PROCEDURES: cough/deep breathing exercises, physician-ordered wound care: red/tender pressure points swell/redness surround. skin discolored patches of skin obesity #1 - Other - Posterior Right Buttock - rash with redness noted to right buttock without open sores noted. Redness noted to inner thigh, physician-ordered wound care: red/tender pressure points swell/redness surround. skin discolored patches of skin obesity #1 - Other - Posterior Right Buttock - rash with redness noted to right buttock without open sores noted. Redness noted to inner thigh, physician-ordered wound care: red/tender pressure points swell/redness surround. skin discolored patches of skin obesity #1 - Other - Posterior Right Buttock - rash with redness noted to right buttock without open sores noted. Redness noted to inner thigh apply topical ABX ointment with yeast prevention cream daily and with incontinence care as needed, monitor intake & output, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule

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

SN Goals

PATIENT-STATED GOAL: to get rid of this cough

GOALS
patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

meal preparation is available to patient for all meals

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025

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changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals, meal preparation is available to patient for all meals

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025