

Home Health Certification and Plan of Care				Order ID: 1150/13400	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100017846		10/12/2025		From: 10/12/2025 To: 12/10/2025	
				4. Medical Record No.	
				18283	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Jean Thomas 3670 Clifmar Rd, WINDSOR MILL, MD 21244- 443-870-0824			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
07/04/1941			Female		
11. ICD			Date		
L89.154			10/12/25		
Principal Diagnosis			Pressure ulcer of sacral region stage 4		
13. ICD			Date		
L89.224			10/12/25		
L89.214			10/12/25		
B95.61			10/12/25		
B96.4			10/12/25		
B96.89			10/12/25		
I12.9			10/12/25		
N18.30			10/12/25		
D63.1			10/12/25		
F03.C3			10/12/25		
F32.A			10/12/25		
E78.5			10/12/25		
G89.4			10/12/25		
M54.50			10/12/25		
E46.			10/12/25		
R13.11			10/12/25		
K21.9			10/12/25		
K29.50			10/12/25		
M19.90			10/12/25		
Z91.81			10/12/25		
Other Pertinent Diagnoses			Date		
Pressure ulcer of left hip stage 4			10/12/25		
Pressure ulcer of right hip stage 4			10/12/25		
Methicillin suscep staph infct causing dis classd elswhr			10/12/25		
Proteus (mirabilis) (morganii) causing dis classd elswhr			10/12/25		
Oth bacterial agents as the cause of diseases classd elswhr			10/12/25		
Hypertensive chronic kidney disease w stg 1-4/unsp chr kdney			10/12/25		
Chronic kidney disease stage 3 unspecified			10/12/25		
Anemia in chronic kidney disease			10/12/25		
Unspecified dementia severe with mood disturbance			10/12/25		
Depression unspecified			10/12/25		
Hyperlipidemia unspecified			10/12/25		
Chronic pain syndrome			10/12/25		
Low back pain unspecified			10/12/25		
Unspecified protein-calorie malnutrition			10/12/25		
Dysphagia oral phase			10/12/25		
Gastro-esophageal reflux disease without esophagitis			10/12/25		
Unspecified chronic gastritis without bleeding			10/12/25		
Unspecified osteoarthritis unspecified site			10/12/25		
History of falling			10/12/25		
14. DME and Supplies:			15. Safety Measures:		
grab bars, bath bench, wheelchair, hoier lift, hospital bed, commode			wheelchair precautions, , , infectious material management, , emergency phone # clearly displayed, bathroom safety		
16. Nutrition:			17. Allergies:		
regular			codeine		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Bowel/Bladder Incontinence			Wheelchair, Up As Tolerated		
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: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No		
20. Prognosis:			poor		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.			family/caregiver 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.					
Clinical Condition					
Requiring Homecare:pressure ulcers and general functional decline. Her past medical history is significant for dementia without behavioral, psychotic, or mood disturbance; chronic kidney disease, stage 3; gastroesophageal reflux disease without esophagitis; osteoarthritis; chronic pain syndrome; local skin and subcutaneous tissue infection; stage 4 pressure ulcers of the right and left hips; anemia; protein-calorie malnutrition; depression; generalized muscle weakness; dysphagia (oral phase); and reduced mobility. She was hospitalized from August 14, 2025, through October 7, 2025, for worsening mobility and increased purulent drainage from pressure wounds prior to transfer to subacute rehabilitation. At the time of this assessment, the patient resides at home with her son, who serves as her primary caregiver and was present during the visit. The patient requires maximal assistance for all basic activities of daily living (ADLs), including feeding, grooming, bathing, dressing, and toileting. She demonstrates severely limited bed mobility and is unable to stand or ambulate independently. The patient remains primarily bedbound, placing her at high risk for further skin breakdown and infection. Her son provides assistance with repositioning and performs wound care between skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh>. 					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 10/12/2025					
24. Physician's Name and Address				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.	
Chaitanya Ravi				F2F date : 10/03/2025	
5400 OLD COURT ROAD					
RANDALLSTOWN, MD 21133					
PHONE: 410-521-4211 FAX: 14105210627 NPI: 1376504027					
27. Attending Physician's Signature and Date Signed				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.	
11/26/2025 Date of physician last face-to-face				PAGE 1 of 4	

Home Health Certification and Plan of Care				Order ID: 1150/13400		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
100017846		10/12/2025	From: 10/12/2025 To: 12/10/2025		18283	217058
6. Patient's Name and Address Jean Thomas 3670 Clifmar Rd, WINDSOR MILL, MD 21244- 443-870-0824			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			
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 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, * 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			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 keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * dietary guidelines * lifestyle modifications to manage gastric condition * 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 * 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			
PT Careplans			PT Goals			
PT WK1: 1 (10/12/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet PROCEDURES: Therapeutic exercise , Bed mobility , Sitting balance, Sitting balance , Medication Review- Medications reviewed with patient/caregiver., wheelchair 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, * 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, Chair to Bed to Chair - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Pt will perform rolling B with modA, use ofbedrails as needed., Pt will perform supine to sit and sit to supine with maxA, use ofbedrails as needed., Pt will perform sit<>stand with maxA to promote increased independence with ADLs.			PATIENT-STATED GOAL: To improve transfers and bed mobility 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 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 Chair to Bed to Chair - 03. Partial/moderate assistance Car Transfer - 03. Partial/moderate assistance Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent Pt will perform rolling B with modA, use ofbedrails as needed. Pt will perform supine to sit and sit to supine with maxA, use ofbedrails as needed. Pt will perform sit<>stand with maxA to promote increased independence with ADLs.			
OT Careplans			OT Goals			
OT WK1: 1 (10/12/25-10/18/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation 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			PATIENT-STATED GOAL: to be better 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 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			
Signature of Physician:			Date			
			PAGE 3 of 4			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			10/12/2025			

Home Health Certification and Plan of Care				Order ID: 1150/13400
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100017846	10/12/2025	From: 10/12/2025 To: 12/10/2025	18283	217058
6. Patient's Name and Address Jean Thomas 3670 Clifmar Rd, WINDSOR MILL, MD 21244- 443-870-0824		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		
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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent		* teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Oral Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/12/2025