# Home Health Certification and Plan of Care

**Order ID: 1150/14881**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 94337156 | 10/16/2025 | From: 12/15/2025 To: 02/12/2026 | 18505 | 217058 |

**6. Patient's Name and Address**
Sharon Close
2420 E JOPPA RD,
PARKVILLE, MD 21234-
410-497-4244

**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** 07/31/1947 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L03.115 | Cellulitis of right lower limb | 10/16/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I89.0 | Lymphedema not elsewhere classified | 10/16/25 |
| J44.89 | Other specified chronic obstructive pulmonary disease | 10/16/25 |
| J45.40 | Moderate persistent asthma uncomplicated | 10/16/25 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 10/16/25 |
| I50.22 | Chronic systolic (congestive) heart failure | 10/16/25 |
| N18.32 | Chronic kidney disease stage 3b | 10/16/25 |
| J96.11 | Chronic respiratory failure with hypoxia | 10/16/25 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 10/16/25 |
| F41.8 | Other specified anxiety disorders | 10/16/25 |
| M10.9 | Gout unspecified | 10/16/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 10/16/25 |
| M17.9 | Osteoarthritis of knee unspecified | 10/16/25 |
| E66.01 | Morbid (severe) obesity due to excess calories | 10/16/25 |
| Z79.01 | Long term (current) use of anticoagulants | 10/16/25 |
| Z99.81 | Dependence on supplemental oxygen | 10/16/25 |
| Z86.718 | Personal history of other venous thrombosis and embolism | 10/16/25 |
| Z86.711 | Personal history of pulmonary embolism | 10/16/25 |

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

Oxygen - Oxygen 2 litres nasal cannula continuous on 2-3 L oxygen via nasal cannula
Budesonide - Budesonide 1 mg, Inhalation, take 2 inhalant twice a day
calcium carbonate 1,000 mg, Oral tablet, take 3 tablet by mouth three times a day
Folic Acid - Folic Acid 1 mg, Oral, take 1 tablet by mouth once a day
Proair Hfa - Albuterol Sulfate 108 (90 BASE) mcg /2 puffs, Inhalation inhalant every 6 hours
Singulair - Montelukast Sodium 10 mg oral tablet, take 1 tablet by mouth once a day
Colace - Docusate Sodium 100 mg, Oral tablet by mouth at bedtime
buPROPion (WELLBUTRIN SR) 100-200 mg,Oral,Take 2 tablet by mouth twice a day Take 200 mg in the morning, and 100 mg in the evening at 5 pm.
tamsulosin (FLOMAX) 0.4 mg oral tablet take 1 tablet by mouth once a day every evening
allopurinol (ZYLOPRIM) 100 mg oral tablet, Take 1 tablet by mouth once a day Taken 1x daily for Gout
pantoprazole (PROTONIX) 40 mg oral tablet ,take 1 tablet by mouth once a day Taken for Acid reflux mgt
traZODone (DESYREL) 150 mg oral tablet by mouth at bedtime Taken for depression
busPIRone (BUSPAR) 10-20 mg oral tablet, Take 3 tablet by mouth three times a day Taking 2x a day for anxiety
Remeron - Mirtazapine 15 mg 15mg oral tablet by mouth at bedtime Taking 1 1/2 tans daily for anxiety and depression
atenolol (TENORMIN) 25 mg Oral tablet, Take 1 tablet by mouth once a day Taking 1x daily for HTN
venlafaxine (EFFEXOR-XR) 150 mg oral tablet, take 1 tablet by mouth once a day Taking 1x daily for depression, anxiety
cholecalciferol (VITAMIN D) 2,000 Units,oral tablet, take 1 tablet by mouth once a day Daily supplement
B Complex Vitamins (VITAMIN B-COMPLEX) TABS Take 1 tablet oral by mouth once a day Daily Supplement
Lotrisone - Betamethasone Dipropionate: Clotrimazole 1- 0.05 % cream topical twice a day 1 Application, 2 times daily
Lasix - Furosemide 40 mg by mouth once a day To prevent fluid retention
Zofran Odt - Ondansetron 4 mg Take 1 tablet by mouth once a day As needed for N/v

**14. DME and Supplies:**
bath bench, walker, oxygen supplies

**15. Safety Measures:**
ambulates with device, , walker precautions, , , bathroom safety,

**16. Nutrition:**
low sodium

**17. Allergies:**
sulfa antibiotics

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
No Restrictions

**19. Mental & Pyschosocial Status:** COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Cellulitis Of Right Lower Limb , 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 78-year-old female with a complex medical history who resides in a single-family, one-level home with her husband, Mark, who serves as her primary caregiver. Her past medical history is significant for congestive heart failure (HFrEF), chronic kidney disease, chronic obstructive pulmonary disease, asthma, chronic respiratory failure, obstructive sleep apnea, hypertension, morbid obesity, chronic lower-extremity edema, history of deep vein thromboses managed with Pradaxa, anxiety, depression, and recurrent lower-extremity cellulitis. She is alert and oriented 3 and requires continuous supplemental oxygen at 2-3 L/min via nasal cannula, which she reports using for over one month. Vital signs and oxygen saturation were within acceptable limits at the time of the visit, with the exception of mildly elevated blood pressure as documented in the chart.  Since her recent hospitalization, the patient reports worsening anxiety with frequent panic attacks, night terrors, emotional distress, and difficulty sleeping. She verbalizes significant feelings of sadness, hopelessness, and emotional exhaustion, stating she does not understand the cause of her anxiety and feels she has been "suffering in her body for a long time." Both the patient and her husband report that clonazepam was previously effective in improving sleep and reducing anxiety but was discontinued by her physician for unclear reasons. She reports adherence to multiple prescribed medications for anxiety and depression but feels they are not providing adequate symptom control. Appetite has been markedly decreased, with the patient reporting she did not eat at all the previous day and has had poor oral intake for several days. She denies nausea or vomiting but reports irregular bowel movements without incontinence.  On arrival, the patient was visibly trembling and appeared to be experiencing an acute panic

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

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

**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 : 10/14/2025

**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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|---|---|
| Sharon Close<br>2420 E JOPPA RD,<br>PARKVILLE, MD 21234-<br>410-497-4244 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

episode. With reassurance and therapeutic communication, she gradually calmed, though she remained intermittently tearful throughout the visit. She fatigues easily and experiences dyspnea with minimal exertion, ambulating approximately 20 feet at a time with a rolling walker. She requires minimal to moderate assistance with transfers and assistance with some basic activities of daily living. She reports difficulty with ambulation and ADLs for approximately six months. Resting tremors were noted in both hands. The patient sleeps primarily in a rocking recliner in the living room, which is relatively small for her body habitus, despite having an adjustable bed available.  Physical assessment revealed bilateral foot redness with mild inflammation, consistent with a resolving cellulitis flare. Pedal pulses were faint and difficult to palpate bilaterally. No open wounds or drainage were noted. The husband reported that her feet were cleansed with wound cleanser by nursing staff several days prior. Respiratory assessment was notable for dyspnea on exertion; lungs were managed with continuous oxygen support. The husband appeared fatigued and emotionally strained, reporting that he has his own health issues which he frequently neglects due to caregiving responsibilities.  Skilled nursing interventions focused on emotional support, anxiety reduction through therapeutic communication, and medication education regarding her current psychiatric and medical regimen. The patient and her husband were encouraged to address ongoing concerns with the primary care provider during their upcoming telehealth visit, including discussion of persistent anxiety symptoms and potential reconsideration of previously effective medications. Education was provided on energy conservation techniques, deep-breathing exercises, and a basic home exercise program to improve tolerance to activity. The patient was also instructed on pacing, safe use of her rolling walker, and recognizing symptoms that warrant medical attention. Referrals for physical therapy and occupational therapy were confirmed for further assessment of mobility, ADLs, and safety. A recommendation was made for a home health aide to assist with caregiving needs and reduce caregiver strain. Both the patient and her husband verbalized understanding of all education and the ongoing plan of care. <br> Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 10/14/2025 Clinical Condition Requiring home Care per Certifying Physician: sn-disease management  pt-eval & treat  ot-eval & treat  hha-adl's due to Cellulitis Of Right Lower Limb Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: The patient is being recertified due to generalized weakness, occasional SOB, and weeping BLE. Physician Mathur, Rita

## SN Careplans

SN WK1: 1 (12/15/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 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

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: open sores/lesions, #1 - Blister - Anterior Right Foot - open blister, #2 - Blister - Anterior Left Foot - open blister

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply anti-embolitic stockings

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 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, * 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 manage sleep disorder including 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, 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

## SN Goals

PATIENT-STATED GOAL: For BLE to stop weeping

GOALS
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
* 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 keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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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 journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* 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
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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 manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* 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
* 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 is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
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* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

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| | PAGE 4 of 4 |
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