Home Health Certification and Plan of Care

Order ID: 1150/15099

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35806675	12/27/2025	From: 12/27/2025 To: 02/24/2026	20839	217058

6. Patient's Name and Address
Mary Weichseldorfer
1200 Washington Irving Ln,
MIDDLE RIVER, MD 21220-
443-970-8432

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 04/19/1973 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	12/27/25

13. ICD	Other Pertinent Diagnoses	Date
E10.51	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	12/27/25
L97.912	Non-prs chr ulc unsp prt of r low leg w fat layer exposed	12/27/25
E10.43	Type 1 diabetes w diabetic autonomic (poly)neuropathy	12/27/25
K31.84	Gastroparesis	12/27/25
E10.319	Type 1 diabetes w unsp diabetic rtnop w/o macular edema	12/27/25
F32.A	Depression unspecified	12/27/25
E10.49	Type 1 diabetes w oth diabetic neurological complication	12/27/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/27/25
E10.22	Type 1 diabetes mellitus w diabetic chronic kidney disease	12/27/25
N18.9	Chronic kidney disease u	12/27/25
E78.5	Hyperlipidemia unspecified	12/27/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/27/25
E66.9	Obesity unspecified	12/27/25
Z79.82	Long term (current) use of aspirin	12/27/25
Z79.01	Long term (current) use of anticoagulants	12/27/25
Z89.612	Acquired absence of left leg above knee	12/27/25

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

Amlodipine - Amlodipine Besylate 5 MG Oral Tablet,takje 1 tablet by mouth once a day Oral Tablet 5 MG (Amlodipin Besylate) Give 1 tablet by mouth one time a day for HTN Hold for B/P less than 1,10
Aspirin - Aspirin 81 MG Oral Tablet by mouth once a day Oral Tablet Chewable 81 MG (Aspirin) Give tablet by mouth one time a day for PAD
Atorvastatin Calcium - Atorvastatin Calcium 40 MG Oral Tablet ,take 1 tablet by mouth once a day Oral Tablet 40 MG (Atorvastatin Calcium) Give 1 tablet by mouth one time a day for HLD
Duloxetine Hydrochloride - Duloxetine Hydrochloride 30 MG Oral Capsule,take 1 capsule by mouth twice a day Oral Capsule Delayed Release Sprinkle 30 MG (Duloxetine HCl) Give 1 capsule by mouth two times a day for Depression
Gabapentin - Gabapentin 300 MG Oral Capsule ,take 1 capsule by mouth at bedtime Oral Capsule 300 MG (Gabapentin) Give 1 capsule by mouth at bedtime for Nerve pain
Lamotrigine - Lamotrigine 25 MG Oral Tablet,take 1 tablet by mouth twice a day Oral Tablet 25 MG (Lamotrigine) Give 1 Pr tablet by mouth two times a day for Seizure
Lisinopril - Lisinopril 40 MG Oral Tablet ,take 1 tablet by mouth once a day Oral Tablet 40 MG (Lisinopril) Give 1 tablet Pr by mouth one time a day for HTN Hold for systolic E/P less than 110
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Tablet,take 1 tablet by mouth once a day Oral Tablet Delayed Release 40 MG (Pantoprazole Sodium) Give 1 tablet by mouth one time a day for Gastroparesis
Rivaroxaban 2.5 MG Oral Tablet ,take 1 tablet by mouth twice a day Oral Tablet 2.5 MG (Rivaroxaban) Give 1 tablet by mouth two times a day for PAD
Sertraline Hcl - Sertraline Hydrochloride 50 MG Oral Tablet ,take 1 tablet by mouth once a day Oral Tablet 50 MG (Sertraline HCl) Give 1 tablet by mouth one time a day for Depression
Novolog Penfill - Insulin Aspart Recombinant SS subcutaneous before meal And 8 units With meals
Lantus 25 units subcutaneous once a day
Santyl - Collagenase - topical threee times per week right lower leg

14. DME and Supplies:
wound care supplies, diabetic supplies, walker, wheelchair, bath bench

15. Safety Measures:
sharps precautions, , infectious material management, supervision at all times, , wheelchair precautions, walker precautions, , bathroom safety, , , activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
low cholesterol, low sodium, diabetic

17. Allergies:
exenatide nitro penicillin pregabalin byetta sulfa antibiotics

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Wheelchair, Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

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 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 being monitored following a urinary tract infection complicated by sepsis, with ongoing concerns related to diabetes mellitus and episodes of hyperglycemia requiring subcutaneous insulin management. The patient has a significant past medical history including diabetes mellitus on insulin therapy, hypertension, chronic kidney disease, hyperlipidemia, obesity, gastroesophageal reflux disease, recurrent urinary tract infections, diabetic neuropathy, gastroparesis, and depression. The patient has a left above-knee amputation, which makes leaving the home a taxing effort, and resides with family members who provide support. The patient is alert and oriented 3-4 and demonstrates appropriate cognition and engagement in care. Blood glucose is monitored using a Dexcom G7 continuous glucose monitoring system; an insulin pump is not currently applied. The patient's insulin regimen includes Lantus 25 units daily and NovoLog administered per sliding scale with an additional 8 units with meals. The patient attends hemodialysis treatments on Mondays, Wednesdays, and Fridays. A wound is present on the right lower ankle measuring 1.0 0.9 cm with an opaque wound bed and no noted drainage. Wound care consists of cleansing with wound wash, application of Santyl, and covering with border gauze daily. The left residual limb stump is noted to have a healed incision site. The patient reports mild pain rated at 2/10. No falls, abnormal bleeding, or abnormal lung sounds were reported or observed during assessment. Medications were

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jeremy Miller
8600 Lasalle Rd Ste 100
Towson, 0 21286
PHONE: 4439214683 FAX: 14439214698 NPI: 1932615010

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 : 12/22/2025

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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reviewed with the patient, including indications and potential side effects, and the patient demonstrated a high level of knowledge and understanding of the medication regimen. The patient is scheduled for a prosthetic leg evaluation on Tuesday, 12/30/25, and has expressed goals of ambulating with a prosthetic limb and remaining free from infection. Insurance coverage is through Cigna. Skilled services have been ordered, including skilled nursing, physical therapy, and occupational therapy, with skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> scheduled at a frequency of 1 week 1, 2 weeks 2, and 1 week 4 as part of the ongoing plan of care.
 Date of Order 12/27/2025 Orders Physician Face-to-Face Date: 12/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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
 1 - SOC - SN Notes: soc Physician Miller, Jeremy

SN Careplans

SN WK1: 1 (12/27/2025 - 12/27/2025), WK3: 1 (01/04/2026 - 01/10/2026), WK4: 1 (01/11/2026 - 01/17/2026), WK5: 1 (01/18/2026 - 01/24/2026), WK6: 1 (01/25/2026 - 01/31/2026), WK7: 1 (02/01/2026 - 02/07/2026), WK8: 1 (02/08/2026 - 02/14/2026)

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, 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; 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, muscle weakness, limited endurance, Pain Interference with Therapy activities, balance deficit, pain radiating to arms/legs, difficulty sleeping, Pain Interference with ADLs, obesity, open sores/lesions, #1 - Open Wound - Anterior Right Ankle - Cleanse wound apply Santyl and cover with border gauze every day

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: right lower leg wound: cleanse with wound wash apply Santyl cover with border gauze every day., glucose testing via monitor, monitor intake & output, coordinate/arrange preparation of missing meals, monitor dialysis schedule

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 medicatio, * 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, * low cholesterol dietary guidelines, 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 relaxatio, * 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, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary guidelines lifestyle modifications to manage gastric condition, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: remain infection free and get prosthetic

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* dietary guidelines
* lifestyle modifications to manage gastric 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) purpos

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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, sch

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

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

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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/27/2025

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* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

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
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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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
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