Home Health Certification and Plan of Care

Order ID: 1150/15123

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9WQ2H53HE24	12/22/2025	From: 12/22/2025 To: 02/19/2026	20540	217058

6. Patient's Name and Address
Nancy Burg
414 Baltic Avenue,
GLEN BURNIE, MD 21061-
410-768-4289

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 11/06/1953 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	12/22/25

13. ICD	Other Pertinent Diagnoses	Date
L97.519	Non-prs chronic ulcer oth prt right foot w unsp severity	12/22/25
I10.	Essential (primary) hypertension	12/22/25
E78.2	Mixed hyperlipidemia	12/22/25
E03.9	Hypothyroidism unspecified	12/22/25
F34.1	Dysthymic disorder	12/22/25
G43.909	Migraine unsp not intractable without status migrainosus	12/22/25
Z79.4	Long term (current) use of insulin	12/22/25
Z91.81	History of falling	12/22/25

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

Lovastatin - Lovastatin 40 mg 40 MG Oral Tablet Take 1 tablet (40 mg) by mouth once a day Lovastatin 40 MG Oral Tablet Take 1 tablet (40 mg) by mouth daily with the evening meal
cholesterol
Clomipramine Hydrochloride - Clomipramine Hydrochloride 25 mg 25 MG Oral Capsule TAKE 2 CAPSULES(50 MG) by mouth once a day clomiPRAMINE HCl 25 MG Oral Capsule TAKE 2 CAPSULES(50 MG) BY MOUTH DAILY
depression
Propranolol - Hydrochlorothiazide: Propranolol Hydrochloride 80 MG, TAKE 1 CAPSULE by mouth once a day Propranolol HCl ER 80 MG Oral Capsule Extended Release 24 Hour TAKE 1 CAPSULE BY MOUTH EVERY DAY
blood pressure
Fosinopril Sodium - Fosinopril Sodium 10 mg 10 MG Oral Tablet Take 1 tablet (10 mg) by mouth once a day Fosinopril Sodium 10 MG Oral Tablet Take 1 tablet (10 mg) by mouth daily
blood pressure
Humalog - Insulin Lispro Recombinant 100 UNIT/ML, 3 TO 10 UNITS UNDER THE SKIN subcutaneous as necessary HumaLOG 100 UNIT/ML Subcutaneous Solution ADMINISTER 3 TO 10 UNITS UNDER THE SKIN BEFORE A MEAL AND AT
BEDTIME AS DIRECTED PER SLIDING SCALE
Novolin N - Insulin Susp Isophane Semisynthetic Purified Human 100 units/ml 15 units subcutaneous twice a day DM

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

15. Safety Measures:
wheelchair precautions, , , diabetic precautions, , transfer with assist, supervision at all times, sharps precautions, activity supervision

16. Nutrition:
cardiac diet, diabetic,

17. Allergies:
ciprofloxacin pcn

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

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: No

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

Homebound status:
Due to diagnosis of Type 2 Diabetes Mellitus With Foot Ulcer, 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 72-year-old female referred by her physician for skilled nursing, physical therapy, and therapy evaluations due to a complex history of fall-related orthopedic trauma with multiple fractures, right ankle deep infection status post open reduction internal fixation, and multiple subsequent surgeries complicated by infection and other postoperative issues. She lives with her spouse in a split-foyer/single-family home with significant environmental barriers, including approximately 5-6 steps to enter the home (reported without a handrail) and 7-8 interior steps to reach the main level where she remains most of the time. The patient reports she has been primarily wheelchair-bound for approximately four years and is unable to rise from the wheelchair independently ("I can't get up from this w/c"); to negotiate stairs she reports scooting down on her buttocks and being carried or dragged up by family, with additional reports of several falls over the past two months. She also reports a prior right shoulder fracture (approximately three years ago) with very poor to minimal functional use of the right upper extremity, limiting her ability to assist with sit-to-stand and transfers. Past medical history is notable for type 2 diabetes mellitus, mixed hyperlipidemia, hypertension, hypothyroidism, dysthymic disorder, and migraine headaches. The spouse assists with ADLs and IADLs. Skilled nursing assessment found the patient alert and oriented to person, place, and time, denying pain and denying shortness of breath; lung sounds were diminished. Appetite was reported as good, and the patient reported last bowel movement occurred yesterday. Fingerstick blood glucose at the visit was 300 mg/dL. The patient acknowledged noncompliance with diabetes management. Skin and extremity assessment revealed dry skin of the right lower extremity with a small right ankle wound, an open wound and a reported "lesion" on the plantar aspect of the foot, curled toes, and a pressure area noted on the second toe. Additional musculoskeletal findings included finger deformity and a more recent complaint of flexed right fingers/hand/wrist with inability to voluntarily extend the right fingers and hand; slight shortening of the right hand was observed. The patient also reported easy bruising/bleeding over the past year and intermittent coldness of the hands. Current wound care includes daily cleansing with Vashe; skilled nursing recommended daily Medihoney application, with the recommendation to be forwarded to the physician for approval. The patient has ordered laboratory studies including lipid panel, hemoglobin A1c, vitamin D 25-hydroxy, CBC with differential/platelets, and CMP; skilled nursing is to obtain labs during the week of 12/18 and forward results to Dr. Sambandam Baskaran per the order attached to the chart. Skilled nursing reviewed all medications with the patient and spouse, including dose, frequency, and pertinent side effects, and provided education emphasizing diabetes management and meticulous skin care to the right lower extremity; the patient and spouse verbalized understanding. Physical therapy assessment identified significant functional deficits including decreased bilateral lower extremity strength, impaired balance, unsteady gait, difficulty with transfers and bed mobility, difficulty negotiating stairs, neuropathic pain, poor safety awareness, and a high risk for falls with concern for further functional decline without intervention. The patient reports limited standing ability for approximately two months and requires assistance to stand; she reports she may ambulate only when

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sambandam Baskaran
3455 Wilkens Ave
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 410-644-4484 NPI: 1073584991

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 : 12/11/2025

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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assisted to rise. The PT plan of care includes skilled home PT to improve strength, functional mobility, transfer training, gait and stair safety, balance, and safety awareness to reduce fall risk and support improved independence, with a planned frequency beginning 12/23/25 of 1 visit per week for 2 weeks (Tues), then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 3 weeks (Mon/Wed), then 1 visit per week for 4 weeks (Wed), with the patient in agreement. Occupational therapy evaluation noted the patient requires set-up to moderate assistance with basic ADLs, transfers, and ambulation, with risk for deconditioning and falls; OT services were recommended to address limitations in upper extremity function (particularly the right hand and right upper extremity), activity tolerance, and functional performance to support safety and maximize independence within the home.
 Date of Order 12/22/2025 Orders Physician Face-to-Face Date: 12/11/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Foot Ulcer 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 OT Eval Notes: PT Eval Notes: Physician Baskaran, Sambandam

SN Careplans

SN WK1: 1 (12/22/25-12/27/25) ,WK2: 2 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26) ,WK9: 1 (02/15/26-02/19/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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, 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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, abnormal BS < 70/140 > mg/dL, poor muscle tone, limited strength, muscle weakness, limited range of motion, balance deficit, red/tender pressure points, rough/scaly/cracked skin, open sores/lesions, #1 - Open Wound - Other - LATERAL , OUTTER RIGHT ANKLE - , #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - RIGHT FOOT SECOND TOE -

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - LATERAL , OUTTER RIGHT ANKLE -, physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - RIGHT FOOT SECOND TOE -, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN/PT/CG TO CLEANSE RIGHT ANKLE AND RIGHT SECOND TOE WOUND WITH VASHE CLEANSER, PAT, DRY, APPLY MEDIHONEY TO WOUND BED, COVER WITH BORDERED FOAM GAUZE ON ANKLE ND DRY DRESSING ON RIGHT BIG TOE. DAILY., glucose testing via monitor, coordinate/arrange preparation of missing meals, venipuncture: SN TO OBTAIN LIPID PANEL, HGAIC, VITAMIN D, 25-HYDROXY; CBC WITH DIFFERENTIAL PLATELET, CMP VIA VENIPUNCTURE WEEK OF 12/28/25. FAX RESULTS TO DR. SAMBANDAM BASKARAN 410-644-4484. Diagnosis/ ICD 10 codes are: E11.9, E78.2, D64.9, E55.9, I10, E03.9

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 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, * 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: TO WALK AGAIN

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
* 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 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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

PT Careplans

PT WK1: 1 (12/22/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 2 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 2 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26) ,WK9: 1 (02/15/26-02/19/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 01. Dependent, GG0170E1 - Chair to Bed to Chair - 01. Dependent, GG0170G1 - Car Transfer - 01. Dependent, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02.

PT Goals

PATIENT-STATED GOAL: I want to be able to et wout of this wheelchair.

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/22/2025

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Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., static standing balance exercises, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training, assist with mobility, assist with fall prevention

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, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (12/22/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26) ,WK6: 1 (01/25/26-01/31/26) ,WK7: 1 (02/01/26-02/07/26) ,WK8: 1 (02/08/26-02/14/26) ,WK9: 1 (02/15/26-02/19/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance

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 medicatio, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: To return to plof

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 medicatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/22/2025