Home Health Certification and Plan of Care

Order ID: 1150/15224

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
341034090	01/02/2026	From: 01/02/2026 To: 03/02/2026	21008	217058

6. Patient's Name and Address

Lorraine Sharer
4293 Falls Road,
Baltimore, MD 21211-
301-325-9763

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 10/18/1963 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T81.49XA	Infection following a procedure other surgical site init	01/02/26

13. ICD	Other Pertinent Diagnoses	Date
L02.214	Cutaneous abscess of groin	01/02/26
B95.7	Oth staphylococcus as the cause of diseases classd elswhr	01/02/26
Z48.03	Encounter for change or removal of drains	01/02/26
I74.3	Embolism and thrombosis of arteries of the lower extremities	01/02/26
D53.9	Nutritional anemia unspecified	01/02/26
C78.6	Secondary malignant neoplasm of retroperiton and peritoneum	01/02/26
E03.9	Hypothyroidism unspecified	01/02/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/02/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/02/26
N18.9	Chronic kidney disease u	01/02/26
D63.1	Anemia in chronic kidney disease	01/02/26
E78.5	Hyperlipidemia unspecified	01/02/26
R74.01	Elevation of levels of liver transaminase levels	01/02/26
R19.7	Diarrhea unspecified	01/02/26
Z85.71	Personal history of Hodgkin lymphoma	01/02/26
Z86.711	Personal history of pulmonary embolism	01/02/26
Z79.01	Long term (current) use of anticoagulants	01/02/26

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

Eliquis - Apixaban 5 mg= 1 tab(s) by mouth twice a day BID
Hydrochlorothiazide - Hydrochlorothiazide 25 mg= 1 tab(s) by mouth once a day 25 mg= 1
tab(s), PO, QDay
Linezolid - Linezolid 600 mg= 1 tab(s) by mouth every 12 hours linezolid, 600 mg= 1 tab(s), PO,
Q12H
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg= 1 tab(s) by mouth every 4 hours oxyCODONE(oxyCODONE immediate
release), 5 mg= 1 tab(s), PO,
Q4H, PRN
Amilodipine - Amlodipine Besylate 10mg by mouth once a day Take 1 tab daily (10mg) for blood pressure control
Metformin - Metformin Hydrochloride 500mg by mouth once a day Take 1 tab (500mg) tab once daily for pre diabetes.
Lisinopril - Lisinopril 40 mg 40mg by mouth once a day HTN
Atorvastatin - Atorvastatin Calcium 80 mg= 2 tab(s) by mouth once a day 80 mg
PO, QDay
Levothyroxine - Levothyroxine Sodium 75 mcg= 1 tab(s) by mouth once a day Monday through Thursday 1 tab Friday Saturday and Sunday 2 tabs

14. DME and Supplies:

hand held shower, Wound vac supplies

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with assistance, electrical safety measures, , transfer with assist, , diabetic precautions, , activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated

19. Mental & Psychosocial 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: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Infection Following A Procedure, Other Surgical Site, Initial Encounter, 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 64-year-old female who was discharged from Siani Hospital on 12/31 following incision and drainage of a left inguinal abscess. The abscess measured approximately 10 2.5 3 cm and was culture-positive for Staphylococcus, for which the patient was treated with intravenous antibiotics during hospitalization and discharged home on linezolid for a two-week course. A wound vacuum-assisted closure (WVAC) device was placed prior to discharge, utilizing one piece of black foam in the wound bed and one piece of black foam to bridge due to the challenging anatomical location of the wound. A colostomy ring is being used to build up the periwound foundation to assist in obtaining and maintaining an adequate seal during wound VAC dressing changes. At the start of care, some wound care supplies, including gauze and skin preparation materials, had not yet been delivered. The registered nurse and patient contacted the supply company during the visit, and delivery of the remaining supplies is expected on Monday or Tuesday. The patient has a scheduled appointment with her primary care provider on Monday at 9:00 AM and plans to request additional wound care supplies, including colostomy rings, at that time. The wound VAC is set to continuous suction at 125 mmHg and requires dressing changes on Monday, Wednesday, and Friday. The patient premedicates with oxycodone 5 mg prior to wound VAC dressing changes; therefore, nursing staff are to notify the patient one hour prior to arrival to allow for appropriate pain management. The patient's past medical history is significant for hypertension, currently managed with amlodipine and hydrochlorothiazide, with lisinopril on hold; hypothyroidism treated with levothyroxine; diabetes mellitus managed with metformin; history of deep vein thrombosis status post thrombectomy on apixaban (Eliquis); hyperlipidemia managed with a statin; and Hodgkin's lymphoma, for which she is followed by oncology. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> for wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, wound VAC management and dressing changes, monitoring for signs and symptoms of infection, medication reconciliation and education, pain <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and management, and coordination of care with the primary care provider to

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

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 : 12/28/2025

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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support wound healing and prevent complications.
 Date of Order 01/02/2026 Orders Physician Face-to-Face Date: 12/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN wound care due to Infection Following A Procedure, Other Surgical Site, Initial Encounter 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 Bullock, Eddye

SN Careplans

SN WK1: 1 (01/02/26-01/03/26) ,WK2: 3 (01/04/26-01/10/26) ,WK3: 3 (01/11/26-01/17/26) ,WK4: 3 (01/18/26-01/24/26) ,WK5: 3 (01/25/26-01/31/26) ,WK6: 3 (02/01/26-02/07/26) ,WK7: 2 (02/08/26-02/14/26)

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

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; 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.

; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling of affected area, limited range of motion, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, bleeding/discharge at site, #1 - Observable Surgical Wound - Anterior Left Groin -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Remove old wound vac dressing while irrigating with Vashe solution. Thoroughly irrigate the wound with Vashe. Apply adaptic/Vaseline to wound bed. Cut granufoam to size of wound. Apply contact layer over black foam. Bridge the wound vac using 1 piece of black foam. Set wound vac to 125 mghz. Change M/W/F., physician-ordered wound care: Remove old wound vac dressing while irrigating with Vashe solution. Thoroughly irrigate the wound with Vashe. Apply adaptic/Vaseline to wound bed. Cut granufoam to size of wound. Apply contact layer over black foam. Bridge the wound vac using 1 piece of black foam. Set wound vac to 125 mghz. Change M/W/F. Teach rescue dressing incase wound vac looses seal. Wet to dry to wound bed using vashe. Cover with border gauze and tape, Notify nurse., physician-ordered wound care: Remove old wound vac dressing while irrigating with Vashe solution. Thoroughly irrigate the wound with Vashe. Apply adaptic/Vaseline to wound bed. Cut granufoam to size of wound. Apply contact layer over black foam. Bridge the wound vac using 1 piece of black foam. Set wound vac to 125 mghz. Change M/W/F., wound vacuum: Wound vac setting is 125 mghz., teach/coordinate/arrange medication packaging and/or administration

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, * lifestyle modifications to manage peripheral vascular condition including

SN Goals

PATIENT-STATED GOAL: Patient states she wants to get back to work at her office and not work from home

GOALS
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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purp

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/02/2026

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how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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