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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                              |  | Order ID: 1150/15253                                                                                                                                                                                                                                                                                                              |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2. Start Of Care Date                                        |  | 3. Certification Period                                                                                                                                                                                                                                                                                                           |  |
| 36647736                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 12/31/2025                                                   |  | From: 12/31/2025 To: 02/28/2026                                                                                                                                                                                                                                                                                                   |  |
| 4. Medical Record No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                              |  | 5. Provider No.                                                                                                                                                                                                                                                                                                                   |  |
| 20891                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                              |  | 217058                                                                                                                                                                                                                                                                                                                            |  |
| 6. Patient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                              |  | 7. Provider's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                  |  |
| Donette Johnson<br>10 WALDEN POPLAR CT,<br>GWYNN OAK, MD 21207-<br>443-977-1811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                              |  | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                         |  |
| 8. DOB 01/17/1957   9.Sex Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                              |  | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged                                                                                                                                                                                                                                                                             |  |
| 11. ICD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Principal Diagnosis                                          |  | Date                                                                                                                                                                                                                                                                                                                              |  |
| Z48.815                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Encntr for surgical afctr following surgery on the dgstv sys |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| 13. ICD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Other Pertinent Diagnoses                                    |  | Date                                                                                                                                                                                                                                                                                                                              |  |
| I10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Essential (primary) hypertension                             |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| J96.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Acute respiratory failure with hypoxia                       |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| E78.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Mixed hyperlipidemia                                         |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| I25.10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | AthscI heart disease of native coronary artery w/o ang pctrs |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| F32.A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Depression unspecified                                       |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| F17.210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Nicotine dependence cigarettes uncomplicated                 |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| Z90.49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Acquired absence of other specified parts of digestive tract |  | 12/31/25                                                                                                                                                                                                                                                                                                                          |  |
| 14. DME and Supplies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                              |  | 15. Safety Measures:                                                                                                                                                                                                                                                                                                              |  |
| 4 wheeled walker, wound care supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                              |  | infectious material management, ambulates with device, bathroom safety, emergency phone # clearly displayed, electrical safety measures, smoke detectors , walker precautions, transfer with assist, supervision at all times, , hand rails, ambulates with assistance, , no straining, , activity supervision                    |  |
| 16. Nutrition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                              |  | 17. Allergies:                                                                                                                                                                                                                                                                                                                    |  |
| Z. NO PHYSICIAN-ORDERED DIET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                              |  | strawberries                                                                                                                                                                                                                                                                                                                      |  |
| 18.A. Functional Limitations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                              |  | 18.B. Activities Permitted                                                                                                                                                                                                                                                                                                        |  |
| Endurance, Ambulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                              |  | Walker, No lifting more than 10lbs for 8 weeks                                                                                                                                                                                                                                                                                    |  |
| 19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 20. Prognosis: good                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 22. A Rehabilitation Potential:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                              |  | 22.B.Discharge Plans                                                                                                                                                                                                                                                                                                              |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                              |  | family/caregiver will be responsible for managing treatment<br>patient will be responsible for managing treatment                                                                                                                                                                                                                 |  |
| Homebound status: After undergoing Colostomy Reversal, 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 <div><span style="font-size: 14px;">The patient is a 68-year-old female who underwent a colostomy reversal on 12/17 and has since been discharged home to Recover. She resides with her sister in a three-level row home and was found resting in bed upon the registered nurse's arrival. The patient was accompanied during the visit by another sister, as her primary household caregiver was at work. Past medical history is significant for diverticulitis secondary to large bowel obstruction status post Hartmann's procedure in December 2024, hyperlipidemia, hypertension, cerebrovascular accident with residual memory loss, and a right lower lobe mucus plug noted on 12/20. The patient is a smoker, and education was provided regarding the negative impact of smoking on wound healing.&nbsp;On assessment, the patient has a large midline abdominal incision measuring approximately 20 inches in length, closed with staples, which were intact at the time of the visit. She also has an open wound at the former stoma site requiring daily wound care. Wound care is currently being performed by the patient's sisters using a wet-to-dry dressing with Vashe solution. The family reported that they had run out of bordered foam gauze to cover the wound; arrangements will be made for supply ordering through Daisy, and a nurse will bring the supplies at the next visit. In the interim, the family plans to purchase bordered foam gauze independently. The patient's sister successfully return-demonstrated wound care using aseptic technique. The patient has no pets in the home. She is designated as full code and has a documented allergy to strawberries. The family has requested home health aide services to assist with bathing and dressing.&nbsp;A physical therapy evaluation was completed. According to the physical therapy assessment, the patient has a past medical history of hypertension, hyperlipidemia, and diverticulitis status post Hartmann's procedure in 2024, with recent hospitalization for ostomy reversal. Prior to hospitalization, the patient ambulated independently without an assistive device and was working full time. At the time of evaluation, she demonstrated bilateral lower extremity strength of approximately 4/5 on manual muscle testing, was independent with transfers, and ambulating slowly without an assistive device under distant supervision. The patient reported that her cautious gait speed was due to concern about her abdominal staples and fear of disrupting the surgical site. She was observed to negotiate stairs safely within the home and appeared to be recovering well from surgery. The patient declined further physical therapy services, stating that she is not experiencing difficulties with functional mobility at this time.&nbsp;The plan of care includes continued skilled nursing for wound assessment, monitoring for signs and symptoms of infection, coordination of wound care supplies, reinforcement of smoking cessation education, and caregiver education. A referral for home health aide services will be initiated per family request to assist with personal care needs during the recovery period.</span></div><span style="white-space: pre; font-size: 14px; white-space: normal;"></span></div><div><span style="font-size: 14px;"><br></span></div><div><span style="font-size: 14px;">Date of Order</span></div><div><span style="font-size: 14px;">12/31/2025</span></div><div><span style="font-size: 14px;">Orders</span></div><div><span style="font-size: 14px;">Physician Face-to-Face Date: 12/26/2025</span></div><div><span style="font-size: 14px;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Colostomy Reversal</span></div><div><span style="font-size: 14px;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</span></div><div><span style="white-space: pre; font-size: 14px; white-space: normal;"></span></div><div><span style="font-size: 14px;"><br></span></div><div><span style="font-size: 14px;">1 - SOC - SN Notes: soc</span></div><div><span style="font-size: 14px;">PT Eval Notes:</span></div><div><span style="font-size: 14px;"><br></span></div><div><span style="font-size: 14px;">Physician</span></div><div><span style="font-size: 14px;">Saluja, Darshan</span></div></div> |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                   |  |
| SN Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                              |  | SN Goals                                                                                                                                                                                                                                                                                                                          |  |
| 23. Signature and Date of Verbal SOC Where Applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                              |  | 25. Date HHA Received Signed POT                                                                                                                                                                                                                                                                                                  |  |
| Electronically Signed by Messick, Charles RN on 12/31/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                              |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 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. |  |
| Darshan Saluja<br>6821 Reisterstown Rd<br>Baltimore, MD 21215<br>PHONE: 4103586450 FAX: 18777511761 NPI: 1164498523                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                              |  | F2F date : 12/26/2025                                                                                                                                                                                                                                                                                                             |  |
| 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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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 6. Patient's Name and Address<br>Donette Johnson<br>10 WALDEN POPLAR CT,<br>GWYNN OAK, MD 21207-<br>443-977-1811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                 |
| <p>SN WK1: 1 (12/31/2025 - 01/03/2026), WK2: 1 (01/04/2026 - 01/10/2026), WK3: 2 (01/11/2026 - 01/17/2026), WK4: 1 (01/18/2026 - 01/24/2026), WK5: 1 (01/25/2026 - 01/27/2026)</p> <p>PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature &lt; 95 &gt; 100.5, heart rate &lt; 50 &gt; 110, respiratory rate &lt; 8 &gt; 22, blood pressure systolic &lt; 90 &gt; 169, blood pressure diastolic &lt; 60 &gt; 90, O2 saturation &lt; 88 &gt; 100, pain &lt; 0 &gt; 5</p> <p>CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance</p> <p>HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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</p> <p>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<br/>Advance Directive:Durable power of attorney for health care/Medical power of attorney</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, abdominal pain, limited endurance, limited strength, muscle weakness, daytime fatigue, balance deficit, weak hand grips, Pain Interference with ADLs, Pain Effect on Sleep, obesity, #1 - Observable Surgical Wound - Other - Abdominal midline - 20 cm surgical wound closed with staples., #2 - Observable Surgical Wound - Other - Left mid abdominal - Surgical wound from stoma reversal. Wound bed in pink with scant drainage.</p> <p>PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Other - Left mid abdominal - Surgical wound from stoma reversal. Wound bed in pink with scant drainage.: Daily wet to dry dressing changes with vashe. Cover with boarder foam gauze. Monitor for s/s of infection such as foul odor, swelling at the site, increased redness or discharge, physician-ordered wound care: #1 - Observable Surgical Wound - Other - Abdominal midline - 20 cm surgical wound closed with staples.: Wound care performed by CG. No s/s of infection. Staples in place., Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: To midline surgical site, open to air. NO ORDERS AT THIS TIME FOR SN TO REMOVE STAPLES. To left abdominal surgical wound site: Cleanse gently with soap and water or Vashe, apply silvasorb gel to wound base and pack with NSS wet to dry dressing. Cover with bordered gauze. Change daily. Monitor for s/s of infection such as foul odor, swelling at the site, increased redness or discharge, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision</p> <p>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, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * 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, * 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 is adequately supervised, caregiver administers and/or packages medications appropriately</p> |  |                       |                                                                                                                                                                               | <p>PATIENT-STATED GOAL: I want to be able to get out of the house again with my friends.</p> <p>GOALS<br/>patient/caregiver recalls<br/>* how to achieve wound healing including cleaning and dressing wound<br/>* position changes<br/>* skin care<br/>* diet modification<br/>* record wound measurements<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* lifestyle modifications to manage respiratory condition including<br/>* diet changes and regular exercise<br/>* strategies to control shortness of breath<br/>* home remedies to keep lungs healthy<br/>* recalls related medicatio</p> <p>patient/caregiver recalls<br/>* 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<br/>* teach relaxatio</p> <p>patient/caregiver recalls<br/>* prevention exacerbation of anxiety condition including coping patterns<br/>* improved concentration<br/>* strategies to reduce anxiety<br/>* identification of anxiety precipitants, conflicts, and threats<br/>* recalls related m</p> <p>patient/caregiver recalls<br/>* how to keep home safe for patient with dementia<br/>* coping strategies for the caregiver<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* depression-prevention strategies including avoidance of isolation<br/>* healthy eating<br/>* sleeping habits<br/>* identification of activities that bring pleasure<br/>* preventive care<br/>* recalls related medication(s) purpos</p> <p>patient/caregiver recalls<br/>* strategies to minimize fatigue and exhaustion including work simplification<br/>* energy conservation<br/>* lifestyle changes<br/>* diet<br/>* recalls related medication(s) purpose, schedule</p> <p>patient self-administers medications as prescribed<br/>* recalls related medication(s) purpose, schedule</p> <p>patient is adequately supervised</p> <p>caregiver administers and/or packages medications appropriately</p> |                       |                 |
| PT Careplans<br>PT WK1: 1 (12/31/25-01/03/26)<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer - 06. Independent, GG0170D1 - Sit to Stand - 06. Independent, GG0170E1 - Chair to Bed to Chair - 06. Independent, GG0170G1 - Car Transfer - 06. Independent, GG0170I1 - Walk 10 Feet - 05. Setup or clean-up assistance, GG0170J1 - Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, GG0170K1 - Walk 150 Feet - 05. Setup or clean-up assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, GG0170M1 - 1 - Step (curb) - 05. Setup or clean-up assistance, GG0170N1 - 4 Steps - 05. Setup or clean-up assistance, GG0170O1 - 12 Steps - 05. Setup or clean-up assistance, GG0170P1 - Picking Up Object - 05. Setup or clean-up assistance<br><br>01/05/2026: GG0130B1 - Oral Hygiene - 06.<br>Independent, GG0130F1 - Upper Body Dressing - 06.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |                                                                                                                                                                               | PT Goals<br>PATIENT-STATED GOAL: To go back to work<br><br>GOALS<br>Toilet Transfer - 06. Independent<br><br>Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance<br><br>1 - Step (curb) - 05. Setup or clean-up assistance<br><br>Sit to Stand - 06. Independent<br><br>Sit to Stand - 05. Setup or clean-up assistance<br><br>Car Transfer - 06. Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                 |
| Signature of Physician:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Optional Name/Signature of Nurse/Therapist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Electronically Signed by Messick, Charles RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Home Health Certification and Plan of Care                                                                       |                       |                                 |                                                                                                                                                                               | Order ID: 1150/15253 |
| 1. Patient s HI claim No.                                                                                        | 2. Start Of Care Date | 3. Certification Period         | 4. Medical Record No.                                                                                                                                                         | 5. Provider No.      |
| 36647736                                                                                                         | 12/31/2025            | From: 12/31/2025 To: 02/28/2026 | 20891                                                                                                                                                                         | 217058               |
| 6. Patient's Name and Address<br>Donette Johnson<br>10 WALDEN POPLAR CT,<br>GWYNN OAK, MD 21207-<br>443-977-1811 |                       |                                 | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |                      |

Independent, GG0130G1 - Lower Body Dressing - 05. Setup or clean-up assistance, GG0130H1 - Don/Doff Footwear - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 04. Supervision or touching assistance, GG0130C1 - Toileting Hygiene - 05. Setup or clean-up assistance, GG0130A1 - Eating - 06. Independent

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

- Walk 10 Feet - 05. Setup or clean-up assistance
- Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance
- Walk 150 Feet - 05. Setup or clean-up assistance
- 4 Steps - 05. Setup or clean-up assistance
- 12 Steps - 05. Setup or clean-up assistance
- Picking Up Object - 05. Setup or clean-up assistance

|                                              |             |
|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 12/31/2025  |