Home Health Certification and Plan of Care

Order ID: 1150/15471

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7MQ2EA6UW80	01/16/2026	From: 01/16/2026 To: 03/16/2026	21241	217058

6. Patient's Name and Address
Edna Bucchi
6236 The Alameda,
BALTIMORE, MD 21239-
443-449-5044

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 08/04/1932 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.312	Pressure ulcer of right buttock stage 2	01/16/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/16/26
E78.5	Hyperlipidemia unspecified	01/16/26
D64.9	Anemia unspecified	01/16/26
M19.90	Unspecified osteoarthritis unspecified site	01/16/26
Z79.82	Long term (current) use of aspirin	01/16/26
Z85.3	Personal history of malignant neoplasm of breast	01/16/26
Z87.891	Personal history of nicotine dependence	01/16/26

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

Acetaminophen - Acetaminophen 500mg tablet take 2 by mouth as necessary Take 2 tablet every 6hr as needed for pain/fever
Asa - Aspirin 81mg, 1 tablet by mouth once a day Cardioprotective
Atorvastatin - Atorvastatin Calcium 40mg, give 1 tablet by mouth once a day For cholesterol
Balsalazide Disodium - Balsalazide Disodium 750 mg 750mg, 3 capsules by mouth twice a day For ulcerative colitis
Carvedilol - Carvedilol 25 mg by mouth twice a day HTN
Cyanocobalamin - Cyanocobalamin 1,000mcg tab by mouth once a day Vitamin B supplement
Tramadol - Tramadol Hydrochloride 25mg, 1 tablet by mouth every 12 hours
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Daily-Vite (with folic acid) 400mcg 400mcg by mouth once a day
Spironolactone - Spironolactone 25 mg 25 mg by mouth once a day HOLD FOR SYSTOLIC BLOOD PRESSURE LESS THAN 110.
(On nursing visit on 1/21/2026: Per ALF staff, this medication is temporarily discontinued by the patient's medical care provider).

14. DME and Supplies:
eggcrate, bath bench, rolling walker, wheelchair,

15. Safety Measures:
ambulates with device, , wheelchair precautions, walker precautions, , bathroom safety, , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Hearing

18.B. Activities Permitted
Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
another facility/provider will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure Ulcer Of Right Buttock Stage 2, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 93-year-old female with a past medical history significant for hypertension, hyperlipidemia, anemia, and intermittent edema who was admitted to home health services for wound care related to a previously reported stage 2 pressure ulcer of the right buttocks. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person and place and denied pain. She was observed sitting upright in a chair with both lower extremities elevated on pillows and a footstool. The patient is hard of hearing bilaterally. Her skin appeared pale, and vital signs revealed a markedly bradycardic pulse with both radial and apical rates measured at 32 beats per minute, which is a critical finding requiring close monitoring and medical follow-up. A skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of the right buttocks revealed discoloration without open areas at this time; photographic documentation was obtained. The caregiver at the assisted living facility reported that an open wound had previously been noted and communicated to the patient's primary care provider and indicated a need for wound care supplies and barrier protection. A comprehensive nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and admission interview were completed, and vital signs were obtained. The patient remains at risk for skin breakdown due to advanced age, limited mobility, intermittent edema, and history of pressure injury. The plan of care includes ongoing skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> for skin monitoring, wound prevention and management, provision and use of skin barrier products, caregiver education on pressure relief and skin integrity, and continued monitoring of vital signs and overall condition, with prompt communication to the primary care provider regarding the patient's bradycardia and any changes in skin status.
 Date of Order 01/16/2026 Orders Physician Face-to-Face Date: 01/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, wound care due to Pressure Ulcer Of Right Buttock Stage 2 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc
 Physician Hickson, Nicole

SN Careplans

SN WK1: 1 (01/16/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

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

SN Goals

PATIENT-STATED GOAL: ALF Caregiver would like buttocks skin stay intact.

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

patient/caregiver recalls
* how to manage inflammatory process

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 4437393889 FAX: 18339750904 NPI: 1073157459

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 01/06/2026

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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HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, weak hand grips, balance deficit, B0200 - Hearing Deficit, hair loss, pallor

PROCEDURES: cough/deep breathing exercises

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 manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/16/2026