Home Health Certification and Plan of Care

Order ID: 1150/15572

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17166781	07/23/2025	From: 01/18/2026 To: 03/18/2026	15377	217058

6. Patient's Name and Address
Juanita Mauzone
3314 Willoughby Road,
PARKVILLE, MD 21234-
410-870-1720

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

8. DOB 10/01/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.622	Type 2 diabetes mellitus with other skin ulcer	07/23/25

13. ICD	Other Pertinent Diagnoses	Date
L97.919	Non-prs chronic ulc unsp prt of r low leg w unsp severity	07/23/25
L03.115	Cellulitis of right lower limb	07/23/25
I10.	Essential (primary) hypertension	07/23/25
I26.99	Other pulmonary embolism without acute cor pulmonale	07/23/25
I27.29	Other secondary pulmonary hypertension	07/23/25
I44.7	Left bundle-branch block unspecified	07/23/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/23/25
N32.81	Overactive bladder	07/23/25
I95.9	Hypotension unspecified	07/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	07/23/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/23/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/23/25
R32.	Unspecified urinary incontinence	07/23/25
Z45.2	Encounter for adjustment and management of VAD	07/23/25
Z79.2	Long term (current) use of antibiotics	07/23/25
Z79.01	Long term (current) use of anticoagulants	07/23/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/23/25
Z86.718	Personal history of other venous thrombosis and embolism	07/23/25
Z85.9	Personal history of malignant neoplasm unspecified	07/23/25
Z87.891	Personal history of nicotine dependence	07/23/25

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

Lipitor - Atorvastatin Calcium 40 MG , 1 tablet by mouth once a day 1 time daily every evening,cholesterol
Topamax - Topiramate 50 mg , Tablet by mouth once a day Headaches
Famotidine - Famotidine 20 mg Take 1 tablet by mouth twice a day Acid reflux
Acetaminophen And Codeine Phosphate - Acetaminophen: Codeine Phosphate 300 mg;30 mg take 1 tablet by mouth every 6 hours As needed for pain
Pradaxa - Dabigatran Etexilate Mesylate 150 mg , Tablet by mouth twice a day Blood clot
Gabapentin - Gabapentin 300 mg Take 1 tablet by mouth three times a day Pain
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 10 mg/5ml 10ml by mouth as necessary Take 10ml by mouth BID, PRN for Itching

14. DME and Supplies:
diabetic supplies, wound care supplies

15. Safety Measures:
diabetic precautions, , , , bathroom safety,

16. Nutrition:
diabetic

17. Allergies:
adhesive tape budesonide-formoterol fumarate lactose

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Type 2 Diabetes Mellitus With Other Skin Ulcer, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:
The patient is a 79-year-old female with a significant past medical history of type 2 diabetes mellitus (diet-controlled), hypertension, pulmonary embolism, left lower leg cellulitis, and overactive bladder. She reports experiencing left wrist pain radiating to the shoulder, for which she wears a brace, as well as migraine headaches (managed with medication), dizziness, lightheadedness, fatigue, and a current pain level of 6/10. On assessment, the patient was noted to have right lateral lower leg cellulitis with wound care orders to cleanse the area with normal saline, apply Santyl, and cover with a foam dressing. However, the patient was unable to obtain the Santyl from the pharmacy due to a missing prescription. A message was left with the Kaiser representative to contact the patient's PCP for the required order. The patient utilizes a PureWick external catheter at night to manage urinary incontinence. She ambulates slowly inside the home by holding onto furniture and uses a rollator for outdoor mobility. She resides with one of her daughters, and her son lives nearby; both are involved in her care. During the visit, the patient was alone. Her room was noted to be overcrowded and cluttered, forcing her to sleep on a small sofa due to the lack of space on her bed. She was counseled on the importance of a safer living environment and advised to seek assistance from her children to declutter the room. Wound care education, infection control, and prevention instructions were provided. A home exercise program (HEP) including long arc quads, marching, side kicks, mini squats, and heel raises (10 reps, 2 sets each) was initiated to address her general weakness and unsteady gait.
 Date of Order 01/13/2026 Orders Physician Face-to-Face Date: 07/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-wound management pt-eval & treat ot-eval & treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Other Skin Ulcer Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sabaina Arshad
1701 N George Mason Dr
Arlington, MD 22205
PHONE: 410-847-3000 FAX: NPI: 1821449216

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 : 07/15/2025

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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 4 - Recertification SN Notes: The patient is being recertified due to an unhealed right leg wound. Physician Arshad, Sabaina

SN Careplans

SN WK1: 2 (01/18/26-01/24/26) ,WK2: 3 (01/25/26-01/31/26) ,WK3: 3 (02/01/26-02/07/26) ,WK4: 3 (02/08/26-02/14/26) ,WK5: 3 (02/15/26-02/21/26)

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

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

HOSPITALIZATION RISKS: 10. None of the above

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

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - Right lateral lower leg - Right lateral lower leg cellulitis., Medication Review: Medication reviewed with patient or caregiver, physician-ordered wound care: Right leg wound: Cleanse with acetic acid, apply Medihoney and metronidazole ointment to the wound bed, apply Betadine to the surrounding skin, cover with an ABD pad, wrap with Kerlix, and. Cover with an ACE bandage. Change daily., catheter change, care & irrigation: External PureWick catheter care done by the patient.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: for wound to heal

GOALS
patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/13/2026

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patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK2: 6 (01/25/26-01/31/26)

PROCEDURES: equipment training, work simplification/energy conservation, therapeutic exercises, assist with bathing, assist with toilet transferring, assist with transferring, assist with lower body dressing

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to walk better

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Eating - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Toileting Hygiene - 06. Independent

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