Home Health Certification and Plan of Care

Order ID: 1150/15573

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
291280027	01/14/2026	From: 01/14/2026 To: 03/14/2026	21310	217058

6. Patient's Name and Address
Gabriella Aaron
2060 Larkhall Rd,
DUNDALK, MD 21222-
443-676-1054

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 12/04/2002 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S71.102A	Unspecified open wound left thigh initial encounter	01/14/26

13. ICD	Other Pertinent Diagnoses	Date
S70.12XA	Contusion of left thigh initial encounter	01/14/26
L03.90	Cellulitis unspecified	01/14/26
B95.4	Oth streptococcus as the cause of diseases classd elswhr	01/14/26
F43.21	Adjustment disorder with depressed mood	01/14/26
E66.9	Obesity unspecified	01/14/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary Take 1 5mg tab every 6 hours as needed for pain. Acetaminophen - Acetaminophen 325 mg 2 tabs by mouth every 6 hours Take two 325mg every 6 hours as needed for pain 6/10 or higher and notify provider of any new or uncontrolled pain.

14. DME and Supplies:
wound care supplies, Wound vac

15. Safety Measures:
infectious material management, smoke detectors , transfer with assist, , bathroom safety, ambulates with assistance, , , activity supervision

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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

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

Homebound status:
Due to diagnosis of Unspecified Open Wound Left Thigh Initial Encounter, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:
The patient is a 23-year-old female who presented to Saint Joseph's Hospital with complaints of left thigh pain, swelling, and erythema surrounding a superficial lesion. Her current condition is related to a motor vehicle accident in September 2025, which resulted in a left thigh Morel-Lavalle lesion that was initially managed with drainage and placement of a Jackson-Pratt drain. The patient subsequently developed signs of infection, with wound cultures positive for Streptococcus species and an associated elevation in white blood cell count. She underwent surgical washout of the wound with placement of negative pressure wound therapy. At the time of home health assessment, the patient had a wound vacuum-assisted closure device in place to the left thigh, set at 125 mmHg continuous suction. Wound vacuum dressing changes are ordered for Mondays, Wednesdays, and Fridays. The skilled nurse was unable to obtain initial wound photographs during this visit; however, wound photographs are available in the face-to-face documentation, and wound measurements were obtained during the assessment. The patient is alert and oriented and expressed significant anxiety and apprehension related to anticipated pain during dressing changes. She has been prescribed oxycodone 5 mg for pain management and was instructed to premedicate approximately one hour prior to scheduled wound care <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh>. Nursing staff were instructed to call the patient one hour prior to arrival for dressing changes to allow adequate time for premedication. The plan of care includes continued skilled nursing services for wound vacuum management, scheduled dressing changes, monitoring for signs and symptoms of infection, pain assessment and management, and patient education regarding wound care, device function, and the importance of adherence to the dressing change schedule. Ongoing assessment of wound healing progress, patient tolerance of treatment, and coordination with the surgical team will continue to support optimal recovery and prevention of complications.
 Date of Order 01/14/2026 Orders Physician Face-to-Face Date: 01/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Unspecified Open Wound Left Thigh Initial Encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc
 Physician Modjo Kenmogne, Leopoldine

SN Careplans

SN WK1: 2 (01/14/26-01/17/26) ,WK2: 3 (01/18/26-01/24/26) ,WK3: 3 (01/25/26-01/31/26) ,WK4: 3 (02/01/26-02/07/26) ,WK5: 3 (02/08/26-02/14/26) ,WK6: 3 (02/15/26-02/21/26) ,WK7: 3 (02/22/26-02/28/26) ,WK8: 3 (03/01/26-03/07/26) ,WK9: 3 (03/08/26-03/14/26)

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

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months

SN Goals

PATIENT-STATED GOAL: I want to have my wound heal and prevent any further infections.

GOALS
patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

patient/caregiver recalls

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Leopoldine Modjo Kenmogne
3001 Hospital Dr
Cheverly, MD 20785
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444

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 : 01/08/2026

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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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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited strength, limited range of motion, swelling of affected area, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, swell/redness surround. skin, #1 - Observable Surgical Wound - Other - Left upper thigh - Wound vac in place

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left upper thigh - Wound vac in place, Medication Review- : Medications reviewed with patient/caregiver. , incentive spirometer, physician-ordered wound care: Apply 1 piece of black granulation foam to the wound bed. Ensure black foam does not touch the periwound. Apply 1 piece of contact layer over the wound. Cut small hole in middle of contact layer and Apply Lilly pad. Turn KCI wound vac on and ensure setting is at 125 mmHg. Educate on rescue dressing if vac should fail and who to notify. Rescue Dressing- wet to dry dressing, applied using a 6 inch Kerlix and normal saline, covered by ABD pads and tape. Change rescue dressing daily., wound vacuum, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

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

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

patient's living environment is clean/uncluttered

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/14/2026