Home Health Certification and Plan of Care

Order ID: 1150/14120

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44101992200	09/22/2025	From: 11/20/2025 To: 01/18/2026	14503	217058

6. Patient's Name and Address
Marguerite Gray
6519 Langdale Rd,
ROSEDALE, MD 21237-
202-763-0181

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 03/07/1926 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.153	Pressure ulcer of sacral region stage 3	09/22/25

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	09/22/25
I69.322	Dysarthria following cerebral infarction	09/22/25
F03.92	Unsp dementia unspecified severity with psychotic disturb	09/22/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/22/25
I50.9	Heart failure unspecified	09/22/25
N18.4	Chronic kidney disease stage 4 (severe)	09/22/25
E78.5	Hyperlipidemia unspecified	09/22/25
I25.5	Ischemic cardiomyopathy	09/22/25
S70.01XD	Contusion of right hip subsequent encounter	09/22/25
H40.9	Unspecified glaucoma	09/22/25
H91.90	Unspecified hearing loss unspecified ear	09/22/25
G47.09	Other insomnia	09/22/25
R13.10	Dysphagia unspecified	09/22/25
Z79.82	Long term (current) use of aspirin	09/22/25
Z79.899	Other long term (current) drug therapy	09/22/25
Z91.81	History of falling	09/22/25

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

Olanzapine - Olanzapine 2.5 MG Tablet 1 tablet by mouth twice a day For dementia/ behavior
Dorzolamide Hydrochloride And Timolol Maleate - Dorzolamide Hydrochloride: Timolol Maleate 22.3-6.8mg/ml, instill 1 drop both eyes twice a day Glaucoma
Xalatan - Latanoprost 0.005 perc Instill 1 drop both eyes at bedtime Glaucoma
Melatonin - Melatonin 10mg by mouth at bedtime For insomnia

14. DME and Supplies:
wheelchair, bath bench, , wound care supplies, hospital bed

15. Safety Measures:
bedrails up while in bed, wheelchair precautions, , bathroom safety, , activity supervision

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Psychosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

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: 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure Ulcer Of Sacral Region Stage 3, 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 99-year-old female with a complex medical history including right-sided hemiplegia, dementia, congestive heart failure, chronic kidney disease, cerebrovascular accident (CVA), and a recent myocardial infarction (MI). She was recently hospitalized after an unwitnessed fall that resulted in bruising on her left hip and is currently recovering in a rehabilitation setting. The patient also has a small, healing sacral pressure ulcer, being treated per wound care orders with normal saline cleansing, Santyl, calcium alginate, and a bordered foam dressing. Due to her cognitive status, consent for care was obtained from her grandson. Although alert and oriented to person, place, and time (A&O x3), she is hard of hearing and uses a left-sided hearing aid. She communicates with the help of a notebook for written questions and responses. She lives with her grandchildren, denies pain, nausea, vomiting, or diarrhea, and has clear lung sounds on auscultation. Vital signs were within normal limits, and medication review was completed with her granddaughter. The patient reports fatigue and demonstrates significant weakness and frailty. She ambulates with the assistance of another person using a rolling walker and was able to walk approximately 10 feet with help during the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. She was also assisted in performing therapeutic exercises including marching, long arc quads, and sit-to-stand transitions. Education was provided to the caregiver (granddaughter) on fall prevention strategies, wound care, proper hydration, and maintaining adequate nutrition. Additionally, the caregiver was trained in assisting the patient with home exercise activities to support ongoing mobility and strength.
 Date of Order 11/17/2025 Orders Physician Face-to-Face Date: 09/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Pressure ulcer of sacral region stage 3 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is being recertified due to an reopened sacral wound.
 Physician Orbach, Natalie

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Natalie Orbach
1205 York Rd Ste 36
Lutherville Timonium, MD 21093
PHONE: 410-832-7350 FAX: 14108327351 NPI: 1982761300

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 : 09/05/2025

27. Attending Physician's Signature and Date Signed **01/06/2026**: 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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SN WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/06/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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

PROBLEMS IDENTIFIED ON ASSESSMENT: skin breakdown r/t incontinence

PROCEDURES: Medication Review: Medication reviewed with the patient/caregiver., physician-ordered wound care: Cleanse Sacral wound with normal saline, apply Santyl, calcium Alginate and cover with a bordered dressing. Change dressing every 2-3 days or PRN., monitor intake & output, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * 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

PATIENT-STATED GOAL: To regain strength and for wound to heal

GOALS
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
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
11/17/2025