

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	
44101992200		09/22/2025		From: 11/20/2025 To: 01/18/2026	
4. Medical Record No.			5. Provider No.		
14503			217058		
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Marguerite Gray 6519 Langdale Rd, ROSEDALE, MD 21237- 202-763-0181			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			10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD		Principal Diagnosis						Date		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							
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									
14. DME and Supplies:												15. Safety Measures:					
wheelchair, bath bench, , wound care supplies, hospital bed												bedrails up while in bed, wheelchair precautions, , bathroom safety, , activity supervision					
16. Nutrition:												17. Allergies:					
regular												no known allergies					
18.A. Functional Limitations												18.B. Activities Permitted					
Ambulation												No Restrictions					
19. Mental & Pyschosocial 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:												22.B.Discharge Plans					
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.												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: <div>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.</div><div>
</div><div></div><div>Date of Order</div><div>11/17/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 09/05/2025</div><div>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</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div></div><div>4 - Recertification Notes: The patient is being recertified due to an reopened sacral wound.</div><div>
</div><div>Physician</div><div>Orbach, Natalie</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 11/17/2025			
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.	
Natalie Orbach 1205 York Rd Ste 36 Lutherville Timonium, MD 21093 PHONE: 410-832-7350 FAX: 14108327351 NPI: 1982761300		F2F date : 09/05/2025	
27. Attending Physician's Signature and Date Signed 01/30/2026 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.	
		PAGE 1 of 2	

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		
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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/17/2025