Home Health Certification and Plan of Care

Order ID: 1150/16045

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15184417	02/03/2026	From: 02/03/2026 To: 04/03/2026	22019	217058

6. Patient's Name and Address

Charleston Watkins
4614 Reisterstown Rd,
BALTIMORE, MD 21215-
443-208-8471

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 11/20/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	02/03/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/03/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/03/26
I50.22	Chronic systolic (congestive) heart failure	02/03/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/03/26
N18.32	Chronic kidney disease stage 3b	02/03/26
D63.1	Anemia in chronic kidney disease	02/03/26
I44.30	Unspecified atrioventricular block	02/03/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/03/26
F33.1	Major depressive disorder recurrent moderate	02/03/26
F43.21	Adjustment disorder with depressed mood	02/03/26
E03.9	Hypothyroidism unspecified	02/03/26
E66.9	Obesity unspecified	02/03/26
Z68.31	Body mass index [BMI] 31.0-31.9 adult	02/03/26
Z79.4	Long term (current) use of insulin	02/03/26
Z79.82	Long term (current) use of aspirin	02/03/26
Z89.421	Acquired absence of other right toe(s)	02/03/26
Z95.0	Presence of cardiac pacemaker	02/03/26

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

WIXELA-INHUB 250-50 mcg/dose Inhl Disk w/devi 1 puff inhalant twice a day (Controller
inhaler)
Jardiance - Empagliflozin 25 mg / 1 Tablet by mouth once a day Take half tablet
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 0.4 mg 300 mcg- 250 mcg / 1 Tablet by mouth once a day
Entresto - Sacubitril: Valsartan 24-26 mg / 1 Tablet by mouth twice a day
Insulin Glargine-yfgn (SEMGLEE PEN) SubQ Insulin Pen 100 unit/mL (3 mL) subcutaneous at bedtime Inject 12 units
subcutaneously
daily at
bedtime
Tylenol Es - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours as needed for pain
Aspirin (ECOTRIN LOW STRENGTH) TBEC DR 81 mg / 1 Tablet by mouth in the morning
Miralax - Polyethylene Glycol 3350 17 gram Oral Pwd Pkt by mouth once a day Take 1 Packet
by mouth daily
Furosemide - Furosemide 20 mg 1 tab 20mg by mouth twice a day 1 tab twice daily for CHF
Guaifenesin - Guaifenesin 100-10mg/5ml by mouth every 8 hours Take 5ml every 8 hours for cough
Lantus Insulin - Insulin Glargine Recombinant 12 units at bedtime subcutaneous at bedtime Inject 12 units under the skin nightly for diabetes
Bupropion Hydrochloride - Bupropion Hydrochloride 300 mg 1 tab 300mg by mouth once a day Take 1 (300mg) tab daily for depression
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg by mouth every 4 hours Take 1 tab every 4 hours as needed for pain 6-10.
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) MG/3ML inhalant every 6 hours 1 inhalation orally every 6 hours as needed for Saoab/wheezing/COPD
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 50mg by mouth once a day 1 tab daily for blood pressure
Benzonatate - Benzonatate 100 mg 100mg by mouth every 8 hours 1 tab every 8 hours as needed for cough
Humalog - Insulin Lispro Recombinant 100 units/ml Inject per sliding scale subcutaneous as necessary Per sliding scale before meals and at bedtime
MethlMAzole 10mg by mouth twice a day Take 1 tab twice daily for thyroid.
Proventil-Hfa - Albuterol Sulfate 90 mcg / actuation inhalant as necessary Inhale 2 puffs by mouth every 4 hours as needed for cough or wheezing (rescue inhaler)
Albuterol (PROVENTIL HFA) Inhl HFAA 0 90 mcg/actuation by mouth every 4 hours Inhale 2 Puffs
by mouth every
4 hours as
needed for
cough or
wheezing
(rescue inhaler)

14. DME and Supplies:

wound care supplies, rolling walker, diabetic supplies, commode

15. Safety Measures:

walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , sharps precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low sodium, diabetic

17. Allergies:

NSAIDs keflex

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence, Surgical shoe

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

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 : 01/26/2026

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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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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter for orthopedic aftercare following surgical amputation, 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 an 85-year-old female recently hospitalized at BWMC following evaluation by her podiatrist for a chronic ulcer of the right third toe, which was found to have poor circulation and infection requiring amputation. She received IV antibiotics and was discharged to a skilled nursing facility before returning home. She resides in a three-level rowhome in Reisterstown, MD, currently staying on the first-floor living area, which has been modified with a queen-size bed and a makeshift bathroom setup due to the absence of a full bathroom on that level. Upon review, approximately 25 discharge prescriptions had not been filled, including her sliding scale insulin and several other essential medications. Her son was contacted, obtained the prescriptions, and planned to have them filled at Kaiser Pharmacy. The patient has a weekly pill organizer that will require assistance with management. She refuses fingerstick blood glucose monitoring; therefore, the RN contacted the Kaiser pharmacist to request medication refills and a Dexcom continuous glucose monitor. Her past medical history includes peripheral vascular disease, congestive heart failure, diabetes mellitus, COPD, chronic kidney disease stage 3, and depression. The patient and caregiver require extensive education on CHF management, diabetes care, daily weight monitoring (she is on Lasix and not currently tracking weights), and adherence to a low-sodium, carbohydrate-controlled diet. The home is significantly cluttered, making ambulation with a walker difficult; she requires one-person assistance for mobility. She is a full code with no living will or MOLST on file. Physical therapy evaluation notes that prior to hospitalization she was independent without an assistive device and able to manage stairs with one rail; currently, she demonstrates decreased lower extremity strength (3+/5), requires contact guard assistance for transfers and short-distance ambulation with a rolling walker, and is limited by dyspnea on exertion and right foot pain. Skilled PT services are recommended to improve strength, balance, safety, and functional mobility to facilitate return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/03/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/26/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Encounter for orthopedic aftercare following surgical amputation
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Bullock, Eddye

SN Careplans

SN WK1: 1 (02/03/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to be able to go up and down her steps again so she can sleep in her bedroom and get her house back in order.

GOALS
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
* 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/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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: , M1745 - Behavioral Issues, D0160 - Depression, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, dependent edema, coughing, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, balance deficit, B1000 - Vision Deficit, daytime fatigue, difficulty sleeping, weak hand grips, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Observable Surgical Wound - Other - Right third toe amputated - Patient had right third toe amputated.

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right third toe amputated - Patient had right third toe amputated., incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, wound vacuum, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (02/03/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, work simplification/energy conservation, strengthening exercises, gait training on uneven surfaces, gait training/stair training, transfers training

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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 medicatio

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Medication Review

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
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