Home Health Certification and Plan of Care

Order ID: 1150/16110

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61105501	02/07/2026	From: 02/07/2026 To: 04/07/2026	22291	217058

6. Patient's Name and Address
Diana Ross
1508 Ridge Forest Way,
HANOVER, MD 21076-
443-629-8072

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 07/19/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I70.234	Athscl native art of right leg w ulcer of heel and midfoot	02/07/26

13. ICD	Other Pertinent Diagnoses	Date
L97.411	Non-prs chr ulcer of right heel and midft lmt to brkdwn skin	02/07/26
M34.9	Systemic sclerosis unspecified	02/07/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/07/26
I10.	Essential (primary) hypertension	02/07/26
E78.5	Hyperlipidemia unspecified	02/07/26
I65.23	Occlusion and stenosis of bilateral carotid arteries	02/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/07/26
E03.9	Hypothyroidism unspecified	02/07/26
M17.0	Bilateral primary osteoarthritis of knee	02/07/26
F17.210	Nicotine dependence cigarettes uncomplicated	02/07/26
Z79.01	Long term (current) use of anticoagulants	02/07/26
Z95.1	Presence of aortocoronary bypass graft	02/07/26
Z95.2	Presence of prosthetic heart valve	02/07/26
Z86.0101	Personal history of adeno	02/07/26

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

Asa 81 Mg - Aspirin 81MG; 1 TAB by mouth once a day CAD
Acetaminophen - Acetaminophen 0 500 mg / 1 Tablet by mouth as necessary every 8 hours as needed for pain Take 2 tablets by mouth every 8 hours as needed for MODERATE Pain (or if patient requests it for severe pain) or Fever (temp in PRN comment) (>37.9'F).
Warfarin - Warfarin Sodium 1MG by mouth once a day 1/2 TAB ALL OTHER DAYS 1MG SUN-THURS
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000MCG / 1 Tablet by mouth once a day for supplement
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth once a day for HLD Take 80 mg by mouth nightly.
Iron - Ferrous Sulfate: Folic Acid 1 TAB by mouth once a day SUPPLEMENT
Ergocalciferol - Ergocalciferol 50,000 International Units 50,000 International Units - by mouth once a day every Thu for supplement Take 50,000 Units by mouth weekly. Thursdays.
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 25 mg / 1 Tablet by mouth twice a day Directions: Give 50 mg by mouth two times a day for HTN Take 25 mg by mouth 2 times daily.
Levothyroxine Sodium - Levothyroxine Sodium 0.125 mg 0.125 mg / 1 Tablet by mouth in the morning every Mon, Tue, Wed, Thu, Fri, Sat for Monday thru Sat
Levothyroxine Sodium - Levothyroxine Sodium 0.125 mg 0.125 mg 0.125 mg / 1 Tablet by mouth in the morning Directions: Give 1.5 tablet every Sun for hypothyroidism

14. DME and Supplies:
commode, walker, wound care supplies

15. Safety Measures:
wheelchair precautions, , , , ambulates with device, walker precautions, smoke detectors , , ambulates with assistance, transfer with assist,

16. Nutrition:
cardiac diet

17. Allergies:
seafood, Lisinopril, Lovastatin

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated, Wheelchair, Walker, Exercises Prescribed

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: fair

22. A Rehabilitation Potential:
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.

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

Homebound status: Due to diagnosis of Atherosclerosis Of Native Arteries Of Right Leg With Ulceration Of Heel And Midfoot., 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 74-year-old female recently discharged from Autumn Lake skilled nursing facility following an inpatient admission for a right heel ulcer status post endovascular revascularization. Her past medical history is significant for hypertension, hyperlipidemia, coronary artery disease status post coronary artery bypass grafting, bilateral carotid artery stenosis, peripheral vascular disease, mechanical aortic valve replacement requiring long-term anticoagulation therapy with warfarin (INR goal 2-3; followed by the anticoagulation clinic), chronic obstructive pulmonary disease, asthma, hypothyroidism, and scleroderma. She resides with her daughter, and her daughter and grandson provide assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. The patient is currently non-weight bearing on the right lower extremity and ambulates with a walker within the home; a wheelchair is utilized for safety. She requires minimal to moderate assistance for functional ambulation and basic ADLs and is fully dependent for IADLs. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> are ordered at a frequency of 1 week for 12 weeks, then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> weekly for 1 week, then 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> weekly for 1 week (SN frequency 1W12W2 1W3), and physical and occupational therapy evaluations have been initiated. The patient and caregiver have agreed to occupational therapy services and home health aide support. She has a scheduled follow-up appointment with vascular surgery on 3/13, and her daughter will contact the anticoagulation clinic to arrange follow-up monitoring. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was awake, alert, and oriented to person, place, and time, responding coherently. She denied pain and shortness of breath at the time of the visit. Lung sounds were clear to auscultation throughout. Oxygen saturation could not be obtained via pulse oximeter during this visit. She reports a fair appetite; however, there has been a notable unintentional weight loss from 140 lbs in November 2025 to 125 lbs currently. The patient reports decreased oral intake, consuming approximately half of her previous portion sizes. Last bowel movement occurred today. She reports dry, watery eyes and has a history of cataracts without surgical intervention. She also endorses bilateral tingling and numbness in her hands and feet. She is currently taking two pain medications. The patient demonstrates general deconditioning, reduced activity tolerance, and is considered at increased risk for falls. Wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed a right bunion wound that is 100% necrotic and a right heel wound with adherent yellow slough and a pale pink wound bed core. The patient tolerated wound care without complications during the visit. Skilled nursing reviewed all current medications with the patient and caregiver, including dosages, frequency, indications, and pertinent side effects, with special emphasis on anticoagulation therapy and <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-bleeding%20precautions">bleeding

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Umme Yasmin
7670 Quaterfield Rd
Pasadena, MD 21122
PHONE: 410-508-7650 FAX: 1-410-553-2465 NPI: 1164702874

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 : 02/03/2026

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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precautions</mh>. Education was provided regarding proper wound care techniques and signs and symptoms of infection, including increased redness, warmth, swelling, drainage, fever, or worsening pain. The patient and her daughter verbalized understanding of all teaching provided. The plan of care includes ongoing skilled nursing for wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and management, medication management and monitoring, anticoagulation follow-up, and continued patient and caregiver education. Physical and occupational therapy will address strength, balance, functional mobility, activity tolerance, and fall prevention strategies. The patient will continue non-weight bearing precautions to the right lower extremity and utilize assistive devices for safety. Close monitoring of nutritional status and weight trends is recommended given recent weight loss and decreased appetite. Follow-up with vascular surgery and the anticoagulation clinic remains essential to support vascular status and therapeutic INR management.
 Date of Order 02/07/2026 Orders Physician Face-to-Face Date: 02/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Atherosclerosis Of Native Arteries Of Right Leg With Ulceration Of Heel And Midfoot. 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 OT Eval Notes:
 Physician Yasmin, Umme

SN Careplans

SN WK1: 1 (02/07/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 2 (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)

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: 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; 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, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, limited strength, limited endurance, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, discolored patches of skin, #1 - Other - Other - RIGHT HEEL ULCER - PALE PINK TISSUE OF THE CORE, #2 - Other - Other - RIGHT BUNION -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - RIGHT HEEL ULCER - PALE PINK TISSUE OF THE CORE: SN/CG TO CLEANSE RIGHT HEEL WOUND WITH WOUND CLEANSER, APPLY SANTYL TO WOUND BED, APPLY SKIN PREP TO PERIWOUND, COVER WITH BORDERED GAUZE. DAILY., physician-ordered wound care: #2 - Other - Other - RIGHT BUNION -: SN/CG TO CLEANSE WITH WOUND CLEANSER , PAT DRY, APPLY BETADINE. DAILY,, cough/deep breathing exercises

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT MY WOUNDS TO HEAL

GOALS
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
* 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

meal preparation is available to patient for all meals

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, , GG0130A1 - Eating, 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: Therapeutic exercise , Balance training , Medication review , cough/deep breathing exercises, equipment training, work simplification/energy conservation, 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

OT Goals

PATIENT-STATED GOAL: to return to earlier functionality, able to do ADLs and drive

GOALS
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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/07/2026

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relaxatio, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans

HHA WK2: 2 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26) ,WK4: 2 (02/22/26-02/28/26) ,WK5: 2 (03/01/26-03/07/26)

PROCEDURES: assist with bathing: bed or chair bath or sponge cleaning is permitted at this time. Please make sure the R foot does not get wet., assist with toilet transferring, assist with toileting hygiene: Pt may requires occasional help, assist with transferring, assist with mobility: prn, assist with mobility, assist with mobility: Pt is non weight bearing on R foot at this time, assist with feeding/eating, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/07/2026