Home Health Certification and Plan of Care

Order ID: 1150/16094

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17166781	02/05/2026	From: 02/05/2026 To: 04/05/2026	15377	217058

6. Patient's Name and Address

Juanita Mauzone
3314 Willoughby Road,
PARKVILLE, MD 21234-
410-870-1720

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 10/01/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.622	Type 2 diabetes mellitus with other skin ulcer	02/05/26

13. ICD	Other Pertinent Diagnoses	Date
L97.919	Non-prs chronic ulc unsp prt of r low leg w unsp severity	02/05/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	02/05/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	02/05/26
I11.0	Hypertensive heart disease with heart failure	02/05/26
I50.32	Chronic diastolic (congestive) heart failure	02/05/26
I69.354	Hemiplga following cerebral infrc affecting left nondom side	02/05/26
I27.29	Other secondary pulmonary hypertension	02/05/26
G47.00	Insomnia unspecified	02/05/26
I87.2	Venous insufficiency (chronic) (peripheral)	02/05/26
I44.7	Left bundle-branch block unspecified	02/05/26
E78.5	Hyperlipidemia unspecified	02/05/26
M15.9	Polyosteoarthritis unspecified	02/05/26
G43.919	Migraine unsp intractable without status migrainosus	02/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/05/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	02/05/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	02/05/26
N39.41	Urge incontinence	02/05/26
Z79.01	Long term (current) use of anticoagulants	02/05/26
Z85.3	Personal history of malignant neoplasm of breast	02/05/26
Z86.718	Personal history of other venous thrombosis and embolism	02/05/26
Z86.711	Personal history of pulmonary embolism	02/05/26
Z87.891	Personal history of nicotine dependence	02/05/26
Z91.81	History of falling	02/05/26

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

Lipitor - Atorvastatin Calcium 40 MG , 1 tablet by mouth once a day 1 time daily every evening,cholesterol
Topamax - Topiramate 50 mg , Tablet by mouth once a day Headaches
Famotidine - Famotidine 20 mg Take 1 tablet by mouth twice a day Acid reflux
Pradaxa - Dabigatran Etexilate Mesylate 150 mg , Tablet by mouth twice a day Blood clot

14. DME and Supplies:

rolling walker, walker, wound care supplies, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , bathroom safety, , ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, , , , activity supervision

16. Nutrition:

cardiac diet, Minced and moist, Thin liquids

17. Allergies:

adhesive tape budesonide-formoterol fumarate lactose

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, 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: 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 Type 2 Diabetes Mellitus With Other Skin Ulcer, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sabaina Arshad
1701 N George Mason Dr
Arlington, MD 22205
PHONE: 410-847-3000 FAX: NPI: 1821449216

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 : 01/30/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/16094

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17166781	02/05/2026	From: 02/05/2026 To: 04/05/2026	15377	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Juanita Mauzone 3314 Willoughby Road, PARKVILLE, MD 21234- 410-870-1720	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 80-year-old female residing in a single-family home with her son. She occupies the first-floor living area, where her bedroom is located. Her son works during the day, leaving the patient home alone for extended periods. She was recently hospitalized following a fall with head injury while on long-term direct oral anticoagulation therapy. A computed tomography (CT) scan of the head was performed during hospitalization and revealed no evidence of intracranial hemorrhage or infarction. She was discharged home on 1/31. Her past medical history is significant for dementia, type 2 diabetes mellitus, deep vein thrombosis, pulmonary embolism on long-term anticoagulation, hypertension, pulmonary hypertension, cerebrovascular accident with residual left-sided hemiplegia and hemiparalysis, left bundle branch block, hyperlipidemia, peripheral neuropathy, chronic migraines, and chronic intermittent dizziness. Prior to hospitalization, she was independent with most basic self-care activities except bathing, which required supervision. She ambulated with an assistive device and completed transfers independently, with her son assisting with instrumental activities of daily living. At the start of care visit, the patient reported right arm and shoulder pain. She presents with generalized weakness, decreased standing balance, reduced standing tolerance, bilateral upper extremity weakness, and diminished activity tolerance. Gait assessment reveals a shuffling pattern with recumbent posture and unsteadiness, requiring a walker and one-person assistance for ambulation. She fatigues easily and requires assistance with activities of daily living, functional transfers, and mobility tasks, representing a decline from her prior level of function. Additionally, the patient has a chronic right calf venous stasis ulcer that has not been receiving consistent or appropriate wound care since discharge. The last documented dressing change prior to home health admission was performed in the hospital. At the start of care, the registered nurse cleansed the wound with normal saline and applied a pad and gauze dressing, as hydrogel was not available in the home. The pharmacy confirmed no current prescription for hydrogel, and a message was left with the patient's provider requesting an order for appropriate wound care supplies and to address reported wound odor. Concerns were noted regarding insufficient daily wound management. Skilled nursing initiated education on wound care and monitoring for signs and symptoms of infection. A referral was placed for social work services to evaluate home support needs, as well as for physical therapy, occupational therapy, and home health aide services to address functional decline and personal care needs. During therapy assessment, the patient was instructed in a home exercise program including long arc quadriceps exercises, seated marching, heel raises, and hip abduction/adduction exercises, 10 repetitions for 2 sets, to improve lower extremity strength and endurance. Given her impaired balance, weakness, history of falls, anticoagulation therapy, and multiple comorbidities, she remains at high risk for further falls and complications. Skilled occupational therapy services are medically necessary to address deficits in strength, balance, activity tolerance, self-care performance, transfer safety, and functional mobility in order to maximize independence and reduce caregiver burden. Physical therapy will focus on gait training, balance retraining, strengthening, and fall prevention. Skilled nursing will continue wound assessment and management, medication oversight, and coordination with the primary care provider. The overall plan of care is directed toward improving safety within the home, promoting optimal wound healing, preventing rehospitalization, and maximizing functional independence to the greatest extent possible.
 Date of Order 02/05/2026 Orders Physician Face-to-Face Date: 01/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA MSW due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Other Skin Ulcer 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 PT Eval Notes: OT Eval Notes:
 Physician Arshad, Sabaina

SN Careplans

SN WK1: 1 (02/05/26-02/07/26) ,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: 1 (03/01/26-03/07/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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; 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: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, heartburn/indigestion, M1600 - UTI, M1610 - Urinary Incontinence, swelling of affected area, muscle weakness, limited strength, limited endurance, limited range of motion, balance deficit, weak hand grips, B1000 - Vision Deficit, daytime fatigue, headache, Pain Interference with ADLs, Pain Effect on Sleep, bleeding/discharge at site, discolored patches of skin, swell/redness surround. skin, #1 - Other - Other - Right calf -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Right calf -, apply compression bandage, bladder training, teach/coordinate/arrange medication packaging and/or administration

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

SN Goals

PATIENT-STATED GOAL: to walk better

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

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
* 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
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/05/2026

Home Health Certification and Plan of Care

Order ID: 1150/16094

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17166781	02/05/2026	From: 02/05/2026 To: 04/05/2026	15377	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Juanita Mauzone 3314 Willoughby Road, PARKVILLE, MD 21234- 410-870-1720	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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

caregiver administers and/or packages medications appropriately

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 is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: cough/deep breathing 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, 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

PT Goals

PATIENT-STATED GOAL: To walk straight again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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 - 06. Independent

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

OT Careplans

OT WK1: 1 (02/05/26-02/07/26) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: , M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient with all medications

OT Goals

PATIENT-STATED GOAL: I want to walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/05/2026

Home Health Certification and Plan of Care

Order ID: 1150/16094

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17166781	02/05/2026	From: 02/05/2026 To: 04/05/2026	15377	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Juanita Mauzone 3314 Willoughby Road, PARKVILLE, MD 21234- 410-870-1720	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

in the home. , cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training/stair training, transfers training, transfers training, assist with bathing, assist with lower body dressing, assist with upper body dressing

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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

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

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans	HHA Goals
HHA WK2: 1 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26) ,WK4: 2 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26)	

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/05/2026