Home Health Certification and Plan of Care

Order ID: 1150/16253

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7KR8NP4MQ44	12/11/2025	From: 02/09/2026 To: 04/09/2026	20319	217058

6. Patient's Name and Address

Denise Truitt
5 Solar Cir Apt D,
PARKVILLE, MD 21234-
443-927-4173

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 02/05/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.89	Other specified chronic obstructive pulmonary disease	12/11/25

13. ICD	Other Pertinent Diagnoses	Date
L89.610	Pressure ulcer of right heel unstageable	12/11/25
M79.2	Neuralgia and neuritis unspecified	12/11/25
I11.0	Hypertensive heart disease with heart failure	12/11/25
I50.33	Acute on chronic diastolic (congestive) heart failure	12/11/25
I48.91	Unspecified atrial fibrillation	12/11/25
G89.4	Chronic pain syndrome	12/11/25
M48.02	Spinal stenosis cervical region	12/11/25
F41.9	Anxiety disorder unspecified	12/11/25
D64.9	Anemia unspecified	12/11/25
M19.90	Unspecified osteoarthritis unspecified site	12/11/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/11/25
R33.9	Retention of urine unspecified	12/11/25
Z79.899	Other long term (current) drug therapy	12/11/25
Z79.01	Long term (current) use of anticoagulants	12/11/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/11/25
Z87.891	Personal history of nicotine dependence	12/11/25

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

Atorvastatin - Atorvastatin Calcium 80 mg , Take 1 tablet(s) by mouth once a day Take 1 tablet(s) every day by oral route as directed.
Pantoprazole - Pantoprazole Sodium 40 mg , Take 1 tablet(s) by mouth once a day Take 1 tablet(s) every day by oral route before meal(s).
Acetaminophen - Acetaminophen 500 mg,Take 2 tablet(s) by mouth every 8 hours Take 2 tablet(s) every 8 hours by oral route as directed.
Quetiapine Fumarate - Quetiapine Fumarate 25 mg, Take 1 tablet(s) by mouth at bedtime Take 1 tablet(s) every day by oral route at bedtime.
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10 mg, TAKE 1 TABLET by mouth every 8 hours TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR 30 DAYS
Eliquis - Apixaban 2.5 mg, Take 1 tablet(s) by mouth twice a day Take 1 tablet(s) twice a day by oral route as directed.
Budesonide - Budesonide 0.5 mg/2 mL, Inhale 2 mL inhalant twice a day budesonide 0.5 mg/2 mL suspension for nebulization
Inhale 2 mL twice a day by nebulization route as directed.
Gabapentin - Gabapentin 300 mg , Take 1 capsule(s) by mouth once a day Take 1 capsule(s) every day by oral route as directed.
Folic Acid - Folic Acid 1 mg, Take 1 tablet(s) by mouth once a day Take 1 tablet(s) every day by oral route as directed.
Hydrocortisone - Hydrocortisone 2.5% topical cream, APPLY A THIN LAYER TOPICALLY topical twice a day PPLY A THIN LAYER TOPICALLY TO THE AFFECTED AREA S) 2 TIMES A DAY
Senna - Senna 8.6 mg-50 mg, Take 1 tablet(s) by mouth twice a day Take 1 tablet(s) twice a day by oral route as directed.
Oxygen - Oxygen 2.5L nasal cannula at bedtime SOB, wheezing

14. DME and Supplies:

wheelchair, , wound care supplies, oxygen supplies, hospital bed

15. Safety Measures:

wheelchair precautions, , bedrails up while in bed, , , activity supervision, bathroom safety

16. Nutrition:

regular,

17. Allergies:

codeine

18.A. Functional Limitations

Ambulation,

18.B. Activities Permitted

Wheelchair

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:

SELF-CARE: , MOBILITY:

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 Other Specified Chronic Obstructive Pulmonary Disease, 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 75-year-old female with a past medical history significant for COPD, CHF, arthritis, asthma, and hypertension, who was recently hospitalized for shortness of breath, wheezing, and a bark-like cough. She is alert and oriented 4 and is currently receiving oxygen at 2.5 L/min, used intermittently at night or as needed, though she is also noted to be on continuous oxygen at this rate. The patient reports occasional shortness of breath, right leg pain, exhaustion, and severe generalized weakness, and appears emaciated. She is wheelchair-bound, non-weight-bearing to both lower extremities, with bilateral ankle inversion deformities, and requires maximum assistance with transfers and all activities of daily living. She has a necrotic right leg wound and a right heel ulcer; wound care was previously managed by MedStar Home Health, though no wound care orders were included on the hospital discharge, and follow-up with the primary care provider is planned. The patient resides with her son, who is her primary caregiver and assists with all self-care, functional mobility, transfers, and household tasks. Currently, the patient demonstrates decreased sitting balance, sitting tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in the need for extensive assistance with self-care and mobility. Skilled occupational therapy services are recommended to address these deficits and support a return toward her prior level of function.
 Date of Order 02/04/2026 Orders Physician Face-to-Face Date: 12/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Other specified chronic obstructive pulmonary disease 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 unhealed right heel pressure ulcer.
 Physician Hickson, Nicole

SN Careplans

SN WK1: 1 (02/09/26-02/14/26)

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

SN Goals

PATIENT-STATED GOAL: For wound 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 medication(s) purpose, schedule

patient/caregiver recalls

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 443-739-3889 FAX: 18339750904 NPI: 1073157459

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 : 12/05/2025

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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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 new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: abn cholesterol > 200 mg/dL, #2 - Open Wound - Anterior Right Foot -

PROCEDURES: physician-ordered wound care: #2 - Open Wound - Anterior Right Foot -, physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Heel -, Medication Review: Medication reviewed with patient /caregiver., cough/deep breathing exercises, physician-ordered wound care: Discontinue all previous orders as of 02/09/2026. New orders: SN/family/caregiver to cleanse wound to right heel with normal saline, apply Santyl to wound bed and cover with a dry dressing daily. Family/caregiver to change dressing in absence of nursing

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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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

* 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 relaxation skills and diversional activities
* 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/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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) purpose, schedule

PT Careplans

PT WK1: 1 (02/09/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: Medication Review: The medication was reviewed with the patient , Home exercises: Long arc , slr le abd/add---10x2 reps , cough/deep breathing exercises, incentive spirometer, wheelchair training, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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

PT Goals

PATIENT-STATED GOAL: To walk again

GOALS
Bed Mobility

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

Don/Doff Footwear - 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/04/2026

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home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Bed Mobility , Caregiver Training/Safety Goal:

* 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

Caregiver Training/Safety Goal:

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/04/2026