Home Health Certification and Plan of Care

Order ID: 1150/16370

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2PK0Y94RG42	02/14/2026	From: 02/14/2026 To: 04/14/2026	21853	217058

6. Patient's Name and Address

Ovalee Barefoot
22 HADDINGTON ROAD,
LUTHERVILLE TIMONIUM, MD 21093-
410-321-6453

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 11/15/1931 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.317	Cellulitis of buttock	02/14/26

13. ICD	Other Pertinent Diagnoses	Date
B95.61	Methicillin suscep staph infct causing dis classd elswhr	02/14/26
I48.91	Unspecified atrial fibrillation	02/14/26
I11.0	Hypertensive heart disease with heart failure	02/14/26
I50.32	Chronic diastolic (congestive) heart failure	02/14/26
D47.2	Monoclonal gammopathy	02/14/26
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	02/14/26
E78.5	Hyperlipidemia unspecified	02/14/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	02/14/26
H91.90	Unspecified hearing loss unspecified ear	02/14/26
Z45.2	Encounter for adjustment and management of VAD	02/14/26
Z79.2	Long term (current) use of antibiotics	02/14/26
Z79.01	Long term (current) use of anticoagulants	02/14/26
Z85.46	Personal history of malignant neoplasm of prostate	02/14/26
Z85.828	Personal history of other malignant neoplasm of skin	02/14/26
Z89.422	Acquired absence of other left toe(s)	02/14/26
Z87.891	Personal history of nicotine dependence	02/14/26

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

Lipitor - Atorvastatin Calcium eq 20 mg base 1 Tablet by mouth in the evening Start: 1/23/26
Lasix - Furosemide 40 mg 1 Tablet by mouth once a day Start: 1/24/26
Toprol Xl - Metoprolol Tartrate 100 mg / 1 Tablet by mouth twice a day Start: 1/25/26 Admin Instructions: DO NOT crush tablet.
Tylenol - Acetaminophen 650 mg / 1 Tablet by mouth every 6 hours as needed PRN Reason: mild pain (1-3) Start: 1/20/26 Admin Instructions: DO NOT EXCEED 4 grams Acetaminophen per day
Ancef - Cefazolin Sodium 0 0 2gr IV intravenous every 8 hours Ancef 2gr every 8 hours via Right Arm PICC Line at the following schedule: 2pm, 10pm, 6AM through 2/18.

14. DME and Supplies:

IV supplies, rolling walker, hand held shower, bath bench, walker, grab bars, 4 wheeled walker

15. Safety Measures:

hand rails, bathroom safety, , activity supervision, ambulates with assistance, supervision at all times, transfer with assist, walker precautions, smoke detectors , , , , ambulates with device, No blood pressure left arm

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

NKA

18.A. Functional Limitations

Ambulation, Hearing, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Up As Tolerated

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: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Cellulitis Of Buttock, 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 94-year-old male with a significant past medical history of atrial fibrillation (previously managed with anticoagulation), congestive heart failure, hypertension, hyperlipidemia, and chronic anemia, who was hospitalized for generalized weakness and subsequently diagnosed with methicillin-sensitive Staphylococcus aureus (MSSA) bacteremia secondary to right gluteal cellulitis. Repeat blood cultures obtained during hospitalization were negative. Infectious Disease consultation recommended intravenous cefazolin 2 grams every 8 hours to be continued through 02/18/2026 via midline/PICC access, with repeat blood cultures planned one week after completion of antibiotic therapy. The hospital course was complicated by atrial fibrillation with rapid ventricular response; Cardiology was consulted, and the patient was maintained on metoprolol 100 mg twice daily with the addition of digoxin 125 mcg daily for improved rate control. The admission was further complicated by symptomatic anemia with low hemoglobin, requiring transfusion of two units of packed red blood cells. Anticoagulation therapy (Pradaxa) was held due to anemia. Hemoglobin stabilized prior to discharge, and a repeat complete blood count is scheduled for 02/20/2026 at the GBMC laboratory. If hemoglobin remains stable, anticoagulation may be resumed per primary care provider and cardiology recommendations. During hospitalization, the patient was also diagnosed with a left lower extremity deep vein thrombosis. Due to the temporary contraindication to anticoagulation, an inferior vena cava filter was placed. Additionally, computed tomography imaging incidentally revealed a 4 4 1.5 cm mass in the head of the pancreas. Gastroenterology evaluated the patient and did not recommend further inpatient workup; outpatient follow-up was advised for further assessment. The patient resides alone in a single-family home; however, his daughter and two sons-in-law are currently providing around-the-clock assistance, including administration of intravenous antibiotic infusions. He ambulates with a walker and requires one-person assistance for mobility. He has a single-lumen PICC line in the left upper arm with the dressing intact and the window seal uncompromised. An extension tubing was applied to facilitate ease of antibiotic administration. Skilled nursing provided education and hands-on demonstration regarding PICC line care, including proper flushing technique before and after antibiotic infusion and final heparin lock administration. The daughter and sons-in-law successfully performed return demonstration of IV antibiotic administration using aseptic technique. Antibiotic infusions require approximately six minutes per dose. The last PICC dressing change was completed on 02/13, with the next scheduled dressing change on 02/20. Follow-up blood cultures are planned at the Infectious Disease appointment one week after antibiotic completion. The patient has no known drug allergies and is designated as full code, with a MOLST form on file. The current plan of care includes completion of intravenous cefazolin therapy through 02/18/2026,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Camille Tawil
1734 York Rd
Timonium, MD 21093
PHONE: 4102522273 FAX: 14103859393 NPI: 1144225053

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 : 02/12/2026

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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scheduled laboratory monitoring of hemoglobin on 02/20/2026, reassessment for resumption of anticoagulation pending hematologic stability, outpatient Gastroenterology follow-up for pancreatic mass evaluation, and continued family-supported home care with skilled nursing oversight for PICC management and monitoring for signs of infection, bleeding, recurrent arrhythmia, or thromboembolic complications.
 Date of Order 02/14/2026 Orders Physician Face-to-Face Date: 02/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Cellulitis Of Buttock 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
 Physician Tawil, Camille

SN Careplans

SN WK1: 1 (02/14/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26)

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, 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 new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, difficulty sleeping, daytime fatigue, balance deficit, B0200 - Hearing Deficit

PROCEDURES: Infusion Therapy: Cellulitis of Right Buttock IV Cefazolin 2 gram every 8 hours, End of Therapy 2/1/2026 For mid-Line NS 3-5 mL pre/post use 5mL pre lab draw and 10 mL post lab draw Heparin (10units .mL) 3 mL post draw dressing change 2/20/26 Plan for repeat blood cultures one week after completion of antibiotics will be done at patients follow up appointment with infectious disease, Infusion Therapy: Cellulitis of Right Buttock IV Cefazolin 2 gram every 8 hours, End of Therapy 2/1/2026 For mid-Line NS 3-5 mL pre/post use 5mL pre lab draw and 10 mL post lab draw Heparin (10units .mL) 3 mL post draw dressing change 2/20/26, cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, *

SN Goals

PATIENT-STATED GOAL: Patient states he wants to finish his antibiotics so he can go have a beer with his son in-law and go to the race track.

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

caregiver administers and/or packages medications appropriately

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/14/2026

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how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 3 of 3
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