Home Health Certification and Plan of Care

Order ID: 1150/16747

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
971294405	02/28/2026	From: 02/28/2026 To: 04/28/2026	1510	217058

6. Patient's Name and Address
Judith McKenzie
4213 Wentworth Rd,
GWYNN OAK, MD 21207-
443-563-7357

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 06/28/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.152	Pressure ulcer of sacral region stage 2	02/28/26

13. ICD	Other Pertinent Diagnoses	Date
E27.1	Primary adrenocortical insufficiency	02/28/26
G61.81	Chronic inflammatory demyelinating polyneuritis	02/28/26
M48.02	Spinal stenosis cervical region	02/28/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	02/28/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/28/26
N18.31	Chronic kidney disease stage 3a	02/28/26
D63.1	Anemia in chronic kidney disease	02/28/26
G95.9	Disease of spinal cord unspecified	02/28/26
G47.00	Insomnia unspecified	02/28/26
F41.9	Anxiety disorder unspecified	02/28/26
F33.9	Major depressive disorder recurrent unspecified	02/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/28/26
F11.20	Opioid dependence uncomplicated	02/28/26
Z79.01	Long term (current) use of anticoagulants	02/28/26
Z86.718	Personal history of other venous thrombosis and embolism	02/28/26

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

Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg by mouth three times a day back pain
Furosemide - Furosemide 40 mg 1 tab by mouth twice a day
Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth once a day
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth three times a day reduces stomach acid
Neurontin - Gabapentin 300 mg 2 capsules by mouth three times a day severe nerve pain
Lopressor - Metoprolol Tartrate 25mg by mouth twice a day
Oxycontin - Oxycodone Hydrochloride 30 mg 1 tab by mouth three times a day severe back pain
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 4 mg 1 tab by mouth every 6 hours severe pain
Acetaminophen - Acetaminophen 650 mg 1 tab by mouth as necessary back pain
Cymbalta - Duloxetine Hydrochloride 20 mg by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 mg by mouth every 12 hours
Benzonatate - Benzonatate 100 mg by mouth every 8 hours For coughing

14. DME and Supplies:
wheelchair, walker, reacher, diabetic supplies

15. Safety Measures:
wheelchair precautions, walker precautions, , remove environmental barriers, , emergency phone # clearly displayed, , diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
diabetic,

17. Allergies:
antibiotics, SULFA (SULFONAMIDE ANTIBIOTICS)

18.A. Functional Limitations
Endurance, Ambulation, , Bowel/Bladder Incontinence

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

19. Mental & Psychosocial 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: Yes

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure Ulcer Of Sacral Region Stage 2 , 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 was assessed and found to be alert and oriented. The patient was referred to home health care services by the physician due to the presence of a Stage 2 pressure ulcer and increasing generalized weakness. The patient resides in a multi-level home with her sister, who provides assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, shopping, and errands. Durable medical equipment (DME) observed in the home includes a walker and toilet grab bars to assist with mobility and safety during toileting. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient reported sleeping in a recliner and experiencing increased difficulty with standing and ambulation, indicating a decline in functional mobility and strength. No wound care orders were available in the home during this visit despite the presence of the Stage 2 pressure ulcer. The patient has been ordered a physical therapy evaluation as part of the home health care plan to further assess mobility limitations and develop an appropriate rehabilitation program. Skilled nursing services are recommended to monitor the patient's overall condition, address wound management needs once orders are obtained, assess for complications, and provide ongoing education regarding safety, skin integrity, and disease management. The recommended skilled nursing visit frequency is 1 visit for 1 week, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> per week for 2 weeks, and then 1 visit per week for 4 weeks. The next skilled nursing visit is scheduled for Tuesday to continue <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, coordinate care, and follow up on wound care orders and patient needs.
 Date of Order 02/28/2026 Orders Physician Face-to-Face Date: 02/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat due to Pressure Ulcer Of Sacral Region Stage 2 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 Lee, Shirley

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shirley Lee
7141 Security Blvd
Baltimore , MD 21244
PHONE: 4436636000 FAX: 14436636295 NPI: 1730398819

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 : 02/23/2026

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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SN WK1: 1 (02/28/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26)

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

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 ; 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.

N/A
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, weak pulses in feet, dependent edema, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, poor muscle tone, muscle spasms, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, obesity, open sores/lesions, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Left buttock - No wound care orders available during this assessment, #2 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - Left calf - No wound care orders available during this assessment, #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - Right calf - No wound care orders available during this assessment.

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Left buttock - No wound care orders available during this assessment, physician-ordered wound care: #2 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - Left calf - No wound care orders available during this assessment, physician-ordered wound care: #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - Right calf - No wound care orders available during this assessment., glucose testing via monitor, bladder training, home exercise program, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule

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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living

PATIENT-STATED GOAL: I want my wounds to heal

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
* 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

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

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

patient's living environment is clean/uncluttered

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/28/2026

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environment is clean/uncluttered

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/28/2026