

[illegible]

Home Health Certification and Plan of Care				Order ID: 1150/16881
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11419027570	11/17/2025	From: 01/16/2026 To: 03/16/2026	19557	217058
6. Patient's Name and Address Christopher Horn 1518 Philadelphia Rd, Edgewood, MD 21085- 410-538-8221		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		

11/04/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Pressure ulcer of sacral region stage 4</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div></div><div>4 - Recertification Notes: The patient is being recertified due to an unhealed sacral wound.</div><div>
</div><div>Non Physician Practitioner</div><div>FNP-BC Ferguson, Sandra</div>

SN Careplans	SN Goals
SN WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26) ,WK9: 1 (03/08/26-03/14/26)	PATIENT-STATED GOAL: For wound to heal
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	GOALS
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	patient/caregiver recalls
HOSPITALIZATION RISKS: 10. None of the above	* how to achieve wound healing including cleaning and dressing wound
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	* position changes
Advance Directive:Durable power of attorney for health care/Medical power of attorney	* skin care
PROCEDURES: physician-ordered wound care: #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum -, Medication Review- : Medications reviewed with patient/caregiver, physician-ordered wound care: Clean sacral wound with Normal saline, apply aquacel alginate and cover with a bordered foam dressing. Change dressing daily or PRN if soiled., glucose testing via monitor	* diet modification
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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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	* record wound measurements
teach relaxation skills and diversional activities, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary modifications for liver disorder, 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	* recalls related medication(s) purpose, schedule
	patient/caregiver recalls
	* lifestyle modification to manage blood condition including dietary changes
	* bleeding precautions
	* recalls related medication(s) purpose, schedule
	patient/caregiver recalls
	* diabetic medication management
	* blood sugar testing
	* diabetic foot care
	* exercise
	* diabetic diet
	* recalls related medication(s) purpose, schedule
	patient self-administers medications as prescribed
	* recalls related medication(s) purpose, schedule
	patient/caregiver recalls
	* dietary modifications for liver disorder
	* 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
	* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/12/2026