

Home Health Certification and Plan of Care				Order ID: 1150/16841	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3DK6XY7WJ54		03/05/2026		From: 03/05/2026 To: 05/03/2026	
				4. Medical Record No.	
				23097	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Myra Brooks 2639 Rayner Ave, BALTIMORE, MD 21216- 410-299-0732			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 01/24/1951			9.Sex Female		
11. ICD			Date		
S82.851D			03/05/26		
Principal Diagnosis			Displ trimalleol fx r low leg subs for clos fx w routn heal		
13. ICD			Date		
E11.51			03/05/26		
Other Pertinent Diagnoses			Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		
L97.321			03/05/26		
Non-prs chronic ulcer of left ankle limited to brkdown skin			Type 2 diabetes mellitus w diabetic neuropathic arthropathy		
E11.610			03/05/26		
Type 2 diabetes mellitus with oth circulatory complications			Hemiplga following cerebral infrc affecting left nondom side		
E11.59			03/05/26		
Type 2 diabetes mellitus with oth circulatory complications			Essential (primary) hypertension		
I69.354			03/05/26		
Hemiplga following cerebral infrc affecting left nondom side			Hyperlipidemia unspecified		
I10.			03/05/26		
Essential (primary) hypertension			Mixed incontinence		
E78.5			03/05/26		
Hyperlipidemia unspecified			Rheumatoid arthritis unspecified		
N39.46			03/05/26		
Mixed incontinence			Gastro-esophageal reflux disease without esophagitis		
M06.9			03/05/26		
Rheumatoid arthritis unspecified			Depression unspecified		
K21.9			03/05/26		
Gastro-esophageal reflux disease without esophagitis			Anemia unspecified		
F32.A			03/05/26		
Depression unspecified			Personal history of malignant neoplasm of breast		
D64.9			03/05/26		
Anemia unspecified			Problems related to living alone		
Z85.3			03/05/26		
Personal history of malignant neoplasm of breast			Long term (current) use of antithrombotics/antiplatelets		
Z60.2			03/05/26		
Problems related to living alone			Long term (current) use of oral hypoglycemic drugs		
Z79.02			03/05/26		
Long term (current) use of antithrombotics/antiplatelets			Long term (current) use of systemic steroids		
Z79.84			03/05/26		
Long term (current) use of oral hypoglycemic drugs			History of falling		
Z79.52			03/05/26		
Long term (current) use of systemic steroids					
Z91.81			03/05/26		
History of falling					
14. DME and Supplies:			15. Safety Measures:		
urinary/catheter supplies, wheelchair, bath bench, walker, wound care supplies, cane, commode			wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, infectious material management, medication safety, transfer with assist, supervision at all times, anticoagulant precautions, activity supervision		
16. Nutrition:			17. Allergies:		
diabetic, cardiac diet,			cipro erythromycin sulfur camphor tetracycline plaquenil sulfa		
18.A. Functional Limitations			18.B. Activities Permitted		
Contracture, Bowel/Bladder Incontinence, Endurance, Ambulation			Up As Tolerated, Exercises Prescribed, Wheelchair		
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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing, 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: <p class="MsoNoSpacing">The patient is a 75-year-old female recently discharged home from rehabilitation following hospitalization at UMMC on 01/18/2026 due to a fall resulting in a right trimalleolar ankle fracture, for which she underwent open reduction and internal fixation (ORIF) on 01/19/2026. Her past medical history is significant for rheumatoid arthritis, type 2 diabetes mellitus, hypertension, peripheral arterial disease, cerebrovascular accident with left-sided hemiparesis, Charcot joint of the right ankle, chronic left ankle arterial ulcer (measuring 3.0 3.0 0.1 cm), history of breast cancer with right mastectomy, and recurrent falls. The patient lives alone in a townhouse with four steps to enter and is currently sleeping in a recliner on the first floor due to mobility limitations. Upon nursing arrival, the patient was seated in a reclined position and denied pain or shortness of breath; lungs were clear. She is incontinent of urine and uses diapers. The left ankle dressing was saturated with drainage, though the drainage characteristics were difficult to assess due to the presence of Iodosorb. The left leg appeared contractured, and the patient reported being unable to ambulate, relying on a wheelchair for mobility. Skilled nursing assessed the wound and performed wound care without complications; however, the patient was unable to gather all medications during the visit, and medication reconciliation will be completed on follow-up visits. The home environment is cluttered with limited space for wheelchair mobility, and the patient has a dog and cat that she is unable to manage independently. She relies					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/05/2026					
24. Physician's Name and Address				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.	
Mitul Dave 9055 Chevrolet Dr Ellicott City, MD 21041 PHONE: 4104657850 FAX: 14104653716 NPI: 1396833604				F2F date : 03/05/2026	
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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heavily on neighbors for assistance with meals, transfers, and pet care. The patient requires moderate assistance to reposition the recliner from a reclined to seated position and requires a dependent lift from recliner to wheelchair due to non-weight-bearing status of the right ankle and deformity of the left ankle with inversion and plantarflexion. She is currently dependent for toileting despite having a bedside commode, as she is unable to transfer independently. Physical assessment revealed normal range of motion of the right hip and knee, a surgical cast on the right ankle, a left ankle fixed in inversion and plantarflexion, and left knee extension limited to -67 degrees. The patient is considered homebound due to the significant effort required to leave the home using a wheelchair, as evidenced by a Tinetti score of 1/28, indicating extremely high fall risk. Skilled nursing is ordered at a frequency of 1W12, 2W1, and 1W6, with physical and occupational therapy evaluations initiated. The patient has a follow-up appointment with her physician on 03/09/2026 to reassess weight-bearing status; if non-weight-bearing status persists, a higher level of care may be necessary. A hospital bed was recommended, though the patient reports insufficient space in the home to accommodate it.<o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Bottom of Form<o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">03/05/2026
 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 03/05/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing">
 1 - SOC -SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Dave, Mitul</p>

SN Careplans

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

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, M1610 - Urinary Incontinence, poor muscle tone, limited strength, limited range of motion, muscle weakness, balance deficit, involuntary movement of extremity, Pain Interference with ADLs, rough/scaly/cracked skin, #1 - Open Wound - Other - LEFT ANKLE WOUND LATERAL ASPECT - SOME HYPERGRANULATION NOTED

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - LEFT ANKLE WOUND

SN Goals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO USE THE WALKER AGAIN

GOALS

patient/caregiver recalls

- * urinary incontinence management including bladder training
- * Kegel exercises
- * skin care
- * 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

- * 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

- * strategies to minimize fatigue and exhaustion including work simplification
- * energy conservation
- * lifestyle changes
- * diet
- * 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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/05/2026

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PROBLEMS: physical effects wound care, 12 - Open wound - Outer Left Ankle Wound LATERAL ASPECT - SOME HYPERGRANULATION NOTED: SN/P/T TO CLEAN LEFT ANKLE WOUND WITH NSS, IODOSORB TO WOUND BED, SKIN PREP TO PERIWOUND, CALCIUM ALGINATE, COVER WITH BORDERED DRESSING DAILY, cough/deep breathing exercises, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area 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, * 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	
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PT Careplans PT WK1: 1 (03/05/26-03/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing PROCEDURES: Home exercise program : Supine hip flexion, hip abduction, straight leg raise, quad sets, glut sets. Sitting knee extension, ankle pumps, wheelchair training, equipment training, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent	PT Goals PATIENT-STATED GOAL: To be able to walk in the house GOALS 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 Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 03. Partial/moderate assistance 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 Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 02. Substantial/maximal assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Upper Body Dressing - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/05/2026