

Home Health Certification and Plan of Care				Order ID: 1150/17069	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
11419027570		11/17/2025		From: 03/17/2026 To: 05/15/2026	
4. Medical Record No.		5. Provider No.			
19557		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Christopher Horn 1518 Philadelphia Rd, Edgewood, MD 21085- 410-538-4556			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

8. DOB 04/06/1961			9. Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged							
11. ICD		Principal Diagnosis				Date		Tylenol - Acetaminophen 325 MG, take 2 tablets by mouth every 6 hours as needed for Pain Ploglitazone HCl 30 MG, take 1 tablet by mouth once a day for DM Atorvastatin Calcium - Atorvastatin Calcium 10 MG Oral Tablet ,Take 1 tablet by mouth at bedtime for HLD Thiamine Mononitrate 100 MG Oral Tablet, Take 1 tablet by mouth once a day for Supplement Famotidine - Famotidine 20 MG Oral Tablet,take 1 tablet by mouth twice a day for GERD Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule,Take 1 capsule by mouth at bedtime for obstructive uropathy Folic Acid - Folic Acid 1 MG Oral Tablet, Take 1 tablet by mouth once a day for Supplement Lactobacillus Rhamnosus Give 1 capsule by mouth once a day a day for Probiotics Propanolol - Hydrochlorothiazide: Propranolol Hydrochloride 10 MG Oral Tablet ,Take 1 tablet by mouth twice a day for HTN Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Tablet Take 1 tablet by mouth in the morning for GERD Xifaxan - Rifaximin 550 MG Oral Tablet,Take 1 tablet by mouth twice a day for Alcohol liver cirrhosis Sennosides - Senna 8.6 MG Oral Tablet ,Take 2 tablet by mouth at bedtime very 24 hours as needed for Constipation at bedtime Calcium Carbonate (Antacid 500 MG Oral Tablet,Give 1 tablet by mouth every 8 hours as needed for Heartburn Juen Powder (Nutritional Supplements) Give 1 packet Mix with 1-2 oz of liquids (up to 10oz) by mouth twice a day for Support Wound Healing for 29 Administrations Mix with 1-2 oz of liquids (up to 10oz) Humalog - Insulin Lispro Recombinant 0 100 UNIT/ML ,Inject 12 unit subcutaneous before meal Inject 12 unit subcutaneously before meals for DM. Hold if FS <120 Humalog Insulin - Insulin Lispro Recombinant 0 100 UNIT/ML Injection Solution subcutaneous as necessary Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 0 - 200 = 0 unit Follow hypoglycemia protocol and notify MD for blood sugar < 70; 201-250 = 2 units; 251-300 = 4 units; 301-3506 units; 351-400 = 8 units; 401+ Notify MD, subcutaneously before meals for DM Insulin Glargine-yfgn 0 100 UNIT/ML Subcutaneous Solution Inject 35 unit subcutaneous at bedtime for DM					
L89.154		Pressure ulcer of sacral region stage 4				11/17/25							
13. ICD		Other Pertinent Diagnoses				Date							
L89.613		Pressure ulcer of right heel stage 3				11/17/25							
E11.65		Type 2 diabetes mellitus with hyperglycemia				11/17/25							
E43.		Unspecified severe protein-calorie malnutrition				11/17/25							
K70.30		Alcoholic cirrhosis of liver without ascites				11/17/25							
F10.90		Alcohol use unspecified uncomplicated				11/17/25							
G31.84		Mild cognitive impairment of uncertain or unknown etiology				11/17/25							
K76.6		Portal hypertension				11/17/25							
I85.00		Esophageal varices without bleeding				11/17/25							
D50.9		Iron deficiency anemia unspecified				11/17/25							
D69.6		Thrombocytopenia unspecified				11/17/25							
N13.9		Obstructive and reflux uropathy unspecified				11/17/25							
R33.9		Retention of urine unspecified				11/17/25							
Z79.4		Long term (current) use of insulin				11/17/25							
Z96.0		Presence of urogenital implants				11/17/25							
Z87.891		Personal history of nicotine dependence				11/17/25							
Z91.81		History of falling				11/17/25							
14. DME and Supplies:							15. Safety Measures:						
hospital bed, diabetic supplies, wound care supplies, walker							walker precautions, , , , diabetic precautions, , bathroom safety, ambulates with device						
16. Nutrition:							17. Allergies:						
diabetic							no known allergies						
18.A. Functional Limitations							18.B. Activities Permitted						
Ambulation							Walker						
19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:													
20. Prognosis:							fair						
22. A Rehabilitation Potential:							22.B.Discharge Plans						
SELF-CARE: , MOBILITY:							patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment another facility/provider will be responsible for managing treatment						

Homebound status: Due to diagnosis of Pressure Ulcer Of Sacral Region Stage 4, 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.

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/12/2026			
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.	
Sandra Ferguson 1518 Philadelphia Rd Joppa, MD 21085 PHONE: 410-299-2314 FAX: 14108017107 NPI: 1295285047		F2F date : 11/04/2025	
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.	
		PAGE 1 of 2	

Home Health Certification and Plan of Care				Order ID: 1150/17069
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: 03/17/2026 To: 05/15/2026	19557	217058
6. Patient's Name and Address Christopher Horn 1518 Philadelphia Rd, Edgewood, MD 21085- 410-538-4556			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	

Clinical Condition <div>The patient is a 64-year-old male with a history of type 2 diabetes, hypertension, thrombocytopenia, and recent Requiring Homecare:hospitalization for weakness, dizziness, and a fall, followed by a rehabilitation stay. He is alert and oriented, resides in an assisted living facility, and has stable vital signs. His skin is warm and dry, with a healed right heel wound and an unhealed sacral wound. Chart review indicates an order for sacral wound care using Vashe with wet-to-dry dressings and a bordered foam cover; however, the facility has been performing care using a wound cleanser and Aquacel alginate. Attempts to contact the primary care provider for updated wound orders were unsuccessful. Assisted living staff manage his medications, meals, activities of daily living, and wound care. The patient remains weak, intermittently confused, and has multiple pressure areas with an unsteady gait requiring assistance for safe transfers and ambulation with a walker. Physical therapy focused on strengthening and safe mobility, including instruction in lower-extremity exercises such as straight-leg raises, abduction/adduction, long-arc quads, marching, mini squats, and heel raises. The patient was also trained in safe walker use. Occupational therapy evaluation determined that although the patient was previously assisted by his aunt with instrumental activities of daily living, he is currently independent with basic self-care, transfers, and functional ambulation using a rolling walker. As he is functioning at his baseline and will continue to receive supervision from assisted living staff, skilled OT services are not indicated at this time.</div><div>
</div><div>Date of Order</div><div>03/12/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 11/04/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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>4 - Recertification Notes: The patient is being recertified due to an unhealed sacral wound.</div><div>Physician</div><div>Ferguson, Sandra</div>

SN Careplans

SN WK1: 1 (03/17/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26) ,WK7: 1 (04/26/26-05/02/26) ,WK8: 1 (05/03/26-05/09/26) ,WK9: 1 (05/10/26-05/15/26)

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: 10. None of the above

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1830 - Bathing, M1850 - Transferring, M1860 - Ambulation/Locomotion, abnormal BS < 70/140 > mg/dL, muscle weakness, balance deficit

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

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 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

SN Goals

PATIENT-STATED GOAL: For wound 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
* 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	03/12/2026