Home Health Certification and Plan of Care

Order ID: 1150/17539

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52282852	03/18/2026	From: 03/18/2026 To: 05/16/2026	23720	217058

6. Patient's Name and Address
Flora Shive
921 WISEBURG ROAD,
WHITE HALL, MD 21161-
410-382-8739

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 02/14/1954 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T81.42XA	Infct fol a procedure deep incisional surgical site init	03/18/26

13. ICD	Other Pertinent Diagnoses	Date
B95.61	Methicillin suscep staph infct causing dis classd elswhr	03/18/26
D61.818	Other pancytopenia	03/18/26
E03.9	Hypothyroidism unspecified	03/18/26
D47.2	Monoclonal gammopathy	03/18/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/18/26

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

Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 6 hours as needed for pain
Miralax - Polyethylene Glycol 3350 17gm/scoopful take 1 spooonful by mouth once a day as needed. Stool softener
Ancef - Cefazolin Sodium 1g, intravenous every 8 hours Infection
Sodium Chloride - Sodium Chloride 10ml Infuse 10ml intravenous every 8 hours Flush midline with 10ml before and after ABT administration.
Colace - Docusate Sodium 100Mg, 1 Capsule by mouth once a day stool softner
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg, 1 capsule by mouth once a day supplement
Synthroid - Levothyroxine Sodium 0.112 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 0.112 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium take 1 tablet by mouth in the morning hypothyroidism

14. DME and Supplies:
bath bench, IV supplies

15. Safety Measures:
standard precautions, fall precautions, medication safety, activity supervision

16. Nutrition:
regular

17. Allergies:
clindamycin

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions

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: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Infection following a procedure, deep incisional surgical site, initial encounter, 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 72-year-old female who was alert and seated in a chair upon arrival. She recently underwent lumbar spinal surgery in January, which was complicated by a surgical site infection requiring readmission for irrigation and debridement of the lumbar incision, as well as removal and exchange of lumbar instrumentation. She was discharged home with a two-week course of intravenous antibiotic therapy (Cefazolin 2 g) to be administered via a midline catheter in the right upper arm, and education on proper administration was provided. Per the surgeon's verbal order, the dressing was removed yesterday with assistance; the incision remains approximated with sutures, which are scheduled for removal at the postoperative visit on March 27, 2026. The patient's goal is resolution of the infection and return to baseline function. Her past medical history includes hypothyroidism, age-related osteoporosis, monoclonal gammopathy, and pancytopenia. She is alert and oriented to person, place, time, and situation, reports pain at 2/10, and denies shortness of breath, nausea, vomiting, headache, or dizziness. Bowel sounds are active, with the last bowel movement occurring yesterday. She ambulates slowly without an assistive device and lives with her husband, a retired physician assistant. Vital signs are within normal limits. A midline dressing change was performed, and blood specimens for CBC, Chem 7, and CRP were collected and sent to Kaiser Lab at Timonium.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/18/2026
Order<o:p></o:p> Physician Face-to-Face Date: 03/12/2026
Clinical Condition Requiring Home Care per Certifying Physician: SN disease management DX: Infection following a procedure, deep incisional surgical site, initial encounter
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>
1 - SOC -SN Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Watts, Charlotte

SN Careplans

SN WK1: 1 (03/18/26-03/21/26) ,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)

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, 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/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than

SN Goals

PATIENT-STATED GOAL: For infection to clear and to return to her baseline.

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 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 03/12/2026

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, limited strength, Pain Interference with ADLs, daytime fatigue, swell/redness surround. skin, #1 - Observable Surgical Wound - Posterior Midline - lumbar spine incision site

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Midline - lumbar spine incision site: The patient was ordered by the surgeon to remove the dressing., cough/deep breathing exercises, incentive spirometer

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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/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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/18/2026