Home Health Certification and Plan of Care

Order ID: 1150/17775

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7JH0WG9CA05	04/03/2026	From: 04/03/2026 To: 06/01/2026	24451	217058

6. Patient's Name and Address

Patricia Hall
3901 Darleigh Rd Unit 1H,
NOTTINGHAM, MD 21236
410-933-0326

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 08/15/1945 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L24.5	Irritant contact dermatitis due to other chemical products	04/03/26

13. ICD	Other Pertinent Diagnoses	Date
S40.022A	Contusion of left upper arm initial encounter	04/03/26
I48.91	Unspecified atrial fibrillation	04/03/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/03/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/03/26
I50.32	Chronic diastolic (congestive) heart failure	04/03/26
N18.30	Chronic kidney disease stage 3 unspecified	04/03/26
D63.1	Anemia in chronic kidney disease	04/03/26
R13.10	Dysphagia unspecified	04/03/26
E78.5	Hyperlipidemia unspecified	04/03/26
E03.9	Hypothyroidism unspecified	04/03/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/03/26
I47.10	Supraventricular tachycardia unspecified	04/03/26
K56.609	Unsp intestnl obst unsp as to partial versus complete obst	04/03/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/03/26
G47.00	Insomnia unspecified	04/03/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	04/03/26
J98.11	Atelectasis	04/03/26
L85.3	Xerosis cutis	04/03/26
Z79.01	Long term (current) use of anticoagulants	04/03/26
Z79.890	Hormone replacement therapy	04/03/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/03/26
Z87.891	Personal history of nicotine dependence	04/03/26
Z86.711	Personal history of pulmonary embolism	04/03/26
Z86.19	Personal history of other infectious and parasitic diseases	04/03/26
Z87.01	Personal history of pneumonia (recurrent)	04/03/26

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

BARRIER CREAM topically every shift Apply to BUTTOCKS AND PERI AREA for Skin Protection AFT SOAP/H20. Apply to PERI AREA AND BUTTOCKS topically every 1 hours as needed for Skin Protection AFT CLEANS SOAP/WATER
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for mild to severe pain NOT TO EXCEED 3GM ACETAMINOPHEN PER DAY
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
DULCOLAX Suppository 10 MG / Insert 1 rectally every 24 hours as needed for BOWEL MANAGEMENT IF NO BOWEL MOVEMENT IN 3 DAYS - NOTIFY MD IF INEFFECTIVE
ELIQUIS 5 mg / 1 Tablet by mouth every morning and at bedtime for PE for 3 Months
FLECAINIDE ACETATE 50 mg 50 mg / 1 Tablet by mouth every morning and at bedtime for Afib
GUAIFENESIN Liquid 100 MG/5ML / Give 10 mL by mouth every 6 hours as needed for Cough for 14 Days
LORATADINE 10 mg / 1 Tablet by mouth in the morning for allergic rhinitis
LUTEIN 20 mg / 1 Capsule by mouth in the morning for Supplement
Metoprolol Tartrate - Metoprolol Tartrate 25 mg/tablet / Give 0.5 tablet by mouth two times a day for AFib Hold for SBP < 90 or HR < 60
Milk Of Magnesia - Simethicone 400 MG/5ML / Give 30 ml by mouth every 24 hours as needed for CONSTIPATION IF NO BM IN 2 DAYS
Nitrostat - Nitroglycerin 0.4 mg / 1 Tablet sublingually every 5 minutes as needed for CHEST PAIN MAY REPEAT X 3 DOSES: NOTIFY MD IF NOT RESOLVED AND SEND TO ER BLOOD PRESSURE AND PULSE TO BE TAKEN BEFORE EACH DOSE
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for Pain for 14 Days
Triamcinolone Acetonide - Triamcinolone Acetonide Cream 0.1% / Apply to left upper extremity topically in the evening for Puritis AFTER CLEANSING WITH SOAP AND WATER
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5000 UNIT / Give 1 tablet by mouth in the morning for VITAMIN D DEFICIENCY
Eucerin Cream - Eucerin Cream Apply to Both Feet topical once a day and evening shift for For Dry Skin APPLY TO BOTH FEET
Fish Oil - Cod Liver Oil 1200 mg / 1 Capsule by mouth in the morning for Supplement
Lyrica - Pregabalin 150 mg / 1 Capsule by mouth two times a day for Neuropathy ADMINISTER WITH FOOD
VITAMIN 1 tablet by mouth in the morning for VITAMIN D DEFICIENCY
LEVOTHYROXINE 1 tablet by mouth one time a day for Hypothyroidism
DICYCLOMINE 10 MG capsule by mouth every 8 hours as needed for Abdominal Cramps
OMEGA-3 1200 MG capsule by mouth in the morning for Supplement
PREGABALIN 150 MG capsule by mouth two times a day for Neuropathy ADMINISTER WITH FOOD
MYRBETRIQ 50 MG tablet by mouth in the morning for Overactive Bladder
PANTOPRAZOLE 40 MG tablet by mouth one time a day for GERD BEFORE BREAKFAST
SENNOSIDES 8.6 MG tablet by mouth every 24 hours as needed for CONSTIPATION QHS PRN
SKIN EXPOSURE REDUCTION PASTE AGAINST CHEMICAL WARFARE AGENTS topically every day and evening shift Apply to Both Feet for For Dry Skin APPLY TO BOTH FEET
Vashe Cleansing Solution (Wound Cleansers) topically every 1 hours as needed DRY APPLY VASHE MOIST GUAZE, THEN COVER WITH DRY GUAZE AND BORDERED DRESSING.
TRIAMCINOLONE topicity as needed apply to affected area for pruritus

14. DME and Supplies:

rolling walker, hand held shower, bath bench, walker, grab bars, commode, wound care supplies, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, hand rails, transfer with assist, standard precautions, fall precautions, bleeding precautions, activity supervision

16. Nutrition:

regular, low cholesterol

17. Allergies:

amitriptyline baclofen clonazepam erythromycin hydrocodone penicillin trazodo

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Trina Frankel
7600 Osler Dr
Towson, MD 21204
PHONE: 4102964040 FAX: 14102964114 NPI: 1265483473

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 : 03/25/2026

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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vibramycin zithromax sulfa drugs

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

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Irritant contact dermatitis due to other chemical products, 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 an 80-year-old female with a complex past medical history significant for gastroesophageal reflux disease (GERD), insomnia, atrial fibrillation, nonobstructive coronary artery disease, supraventricular tachycardia (SVT), prior transient ischemic attack (TIA), chronic kidney disease stage 3, hypothyroidism, and osteoporosis. She was recently hospitalized for sepsis and is now receiving home health services. The patient resides alone in a first-floor condominium and was previously independent with basic self-care tasks and functional mobility, ambulating with an upright walker. She currently has a hired caregiver who assists with instrumental activities of daily living (IADLs). At the time of the nursing visit, the patient was noted to have a wound vacuum-assisted closure (VAC) device on the right bicep but was in the process of removing the dressing due to reported skin irritation. Upon assessment following removal of the VAC dressing, the wound was determined to be too shallow to warrant continued negative pressure therapy. Skilled nursing discontinued the wound VAC and contacted the nurse practitioner, who will provide updated orders to transition to wet-to-dry dressings. The patient tolerated the procedure without complication. All prescribed medications are present in the home. The patient is designated as full code with a MOLST on file. She has an extensive allergy history, including amitriptyline, baclofen, clonazepam, erythromycin, hydrocodone, penicillin, trazodone, vancomycin, zolpidem (Ambien), celecoxib (Celebrex), prochlorperazine (Compazine), atorvastatin (Lipitor), nitrofurantoin (Macrobid), silver sulfadiazine (Silvadene), doxycycline (Vibramycin), azithromycin (Zithromax), and sulfa-containing medications. On occupational therapy evaluation, the patient demonstrates decreased right upper extremity strength associated with the healing wound; however, she is currently functioning at or near her baseline level for basic self-care, functional transfers, and ambulation with an upright walker. No significant decline in functional mobility was observed. Given her current level of independence in activities of daily living (ADLs) and the presence of caregiver support for IADLs, skilled occupational therapy services are not indicated beyond the initial evaluation, per patient request. Skilled nursing services remain indicated for wound care management, ongoing assessment of healing, medication management, and monitoring for signs and symptoms of infection or clinical decline. Patient education was provided regarding wound care, skin integrity, and the importance of adhering to the updated dressing regimen once orders are received. The patient will continue to be monitored closely to ensure appropriate wound healing and maintenance of functional independence within the home environment.
 Date of Order 04/03/2026 Orders Physician Face-to-Face Date: 03/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, OT due to Irritant contact dermatitis due to other chemical products 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 OT Eval Notes: Physician Frankel, Trina

SN Careplans

SN WK1: 1 (04/03/26-04/04/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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 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

SN Goals

PATIENT-STATED GOAL: Patient states she wants her wound to heal so she can wear normal clothes again.

GOALS
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 keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* urinary incontinence management including bladder training
* Kegel exercises

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
04/03/2026

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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:MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1610 - Urinary Incontinence, swelling of affected area, limited endurance, limited strength, limited range of motion, muscle weakness, weak hand grips, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, open sores/lesions, #1 - Open Wound - Other - Right upper arm -

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - Right upper arm -: Cleanse wound with normal saline solution at each dressing change. Apply wet-to-dry dressing as follows: Moisten sterile gauze with normal saline (damp, not dripping). Place gauze directly into/over wound bed. Cover with dry sterile gauze. Secure with appropriate dressing (e.g., tape or wrap). Change dressing daily and as needed if soiled or saturated., incentive spirometer, apply anti-embolitic stockings, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, caregiver administers and/or packages medications appropriately

* skin care
* 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

caregiver administers and/or packages medications appropriately

OT Careplans

OT WK2: 2 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, 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, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: Medication Review : Medication reviewed with patient and all medications in the home.

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

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Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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