Home Health Certification and Plan of Care

Order ID: 1150/17781

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36462233	04/01/2026	From: 04/01/2026 To: 05/30/2026	17569	217058

6. Patient's Name and Address

Earline Washington
2017 Northbourne Rd,
BALTIMORE, MD 21239-
410-770-1640

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 08/27/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	04/01/26

13. ICD	Other Pertinent Diagnoses	Date
L97.521	Non-prs chronic ulcer oth prt l foot limited to brkdwn skin	04/01/26
I89.0	Lymphedema not elsewhere classified	04/01/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	04/01/26
I10.	Essential (primary) hypertension	04/01/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/01/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/01/26
G89.29	Other chronic pain	04/01/26
I83.10	Varicose veins of unsp lower extremity with inflammation	04/01/26
L85.3	Xerosis cutis	04/01/26
R32.	Unspecified urinary incontinence	04/01/26
E66.01	Morbid (severe) obesity due to excess calories	04/01/26
Z94.5	Skin transplant status	04/01/26
Z79.4	Long term (current) use of insulin	04/01/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/01/26
Z87.891	Personal history of nicotine dependence	04/01/26
Z89.412	Acquired absence of left great toe	04/01/26
Z89.421	Acquired absence of other right toe(s)	04/01/26
Z89.422	Acquired absence of other left toe(s)	04/01/26

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

Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every Mon, Wed, Fri for iron deficiency anemia
Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for mild pain 1-4 do not exceed 3g per day
Metoprolol Succinate - Metoprolol Succinate 25 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN hold for SBP less than 110 or HR less than 60
Nitroglycerin - Nitroglycerin 0.4 MG Give 1 tablet by mouth as necessary Give 1 tablet sublingually every 5 minutes as needed for Chest Pain May give up to 3 doses if unresolved. Call MD and send to ER if unresolved. Check Pulse and BP before administration.
Valacyclovir Hydrochloride - Valacyclovir Hydrochloride 500 MG Give 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for shingles
Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth at bedtime Give 1 tablet orally at bedtime for hyperlipidemia
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 2-0.5%, Instill 1 drop in both eyes both eyes twice a day Instill 1 drop in both eyes two times a day for glaucoma
Latanoprost - Latanoprost 0.005%, Instill 1 drop in both eyes both eyes at bedtime Instill 1 drop in both eyes at bedtime for glaucoma
Brimonidine Tartrate - Brimonidine Tartrate 0.2%, Instill 1 drop in both eyes both eyes three times a day Instill 1 drop in both eyes three times a day for ocular hypertension
Gabapentin - Gabapentin 300 MG, Give 3 capsule by mouth twice a day Give 3 capsule by mouth three times a day for neuropathy
Farxiga - Dapagliflozin Propanediol 10mg by mouth once a day
Toujeo Solostar - Insulin Glargine Recombinant 16u subcutaneous once a day DM
Aspirin - Aspirin 81mg by mouth once a day
Lasix - Furosemide 20 mg 20mg by mouth once a day Diuretic
Losartan Potassium - Losartan Potassium 25 mg 25mg by mouth once a day Cardiac
Metformin Hcl - Metformin Hydrochloride 750 MG, Give 2 tablet by mouth once a day Give 2 tablet by mouth at bedtime for DM

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, walker, grab bars, commode, wound care supplies, 4 wheeled walker

15. Safety Measures:

walker precautions, non-weight bearing LLE, wheelchair precautions, ambulates with device, bleeding precautions, diabetic precautions, fall precautions, medication safety, smoke detectors , transfer with assist, supervision at all times, sharps precautions, ambulates with assistance, standard precautions, hand rails, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic

17. Allergies:

peanut butter

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation, Amputation

18.B. Activities Permitted

Wheelchair, 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: 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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with foot ulcer, 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:

Electronically Signed by Messick, Charles RN on 04/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Daljeet Saluja
821 N Eutaw St
Baltimore, MD 21201
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024

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 : 03/24/2026

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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Clinical Condition Requiring Homecare:

The patient is a 73-year-old female admitted for management of a chronic, non-healing left foot wound, for which she performs daily dressing changes as instructed. She reports that her home health agency has not contacted her within the past week, although a supply company recently reached out wound care delivery. She endorses worsening urinary incontinence with a scheduled follow-up with her primary care physician, persistent bilateral lower extremity edema throughout the day, and difficulty tolerating standard compression stockings due to tightness. Her history is significant for prior left toe amputation and Charcot foot deformity, contributing to impaired mobility and increased risk for skin breakdown. On assessment, a chronic left foot wound and bilateral lower extremity edema are noted, both requiring further evaluation and documentation. The patient requires skilled nursing care for wound management, infection monitoring, education on wound care and skin integrity, and coordination of services, particularly addressing the lapse in home health communication and ensuring timely supply delivery. Edema management strategies, including leg elevation and alternative compression options, will be implemented, while urinary incontinence will be managed through patient education and reinforcement of PCP follow-up. Due to her condition, she is homebound, with limited mobility requiring considerable effort to leave home, and is at increased risk for falls. Although skilled occupational therapy was recommended due to decreased functional mobility and non-weight-bearing status on the left foot, the patient declined services at this time, preferring to defer until wound healing improves; therefore, only an initial OT evaluation was completed.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/01/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/24/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, OT eval DX: Type 2 diabetes mellitus with foot ulcer
 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:
 PT Eval 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;"> Saluja, Daljeet

SN Careplans

SN WK1: 2 (04/01/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 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: 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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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
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:PLACEHOLDER

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, limited strength, limited endurance, swelling of affected area, muscle weakness, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, rough/scaly/cracked skin, discolored patches of skin, swell/redness surround. skin, open sores/lesions, red/tender pressure points, bleeding/discharge at site, #1 - Diabetic Ulcer - Other - Left plantar foot - Diabetic/Neuropathic Ulcer

PROCEDURES: physician-ordered wound care: #1 - Diabetic Ulcer - Other - Left plantar foot - Diabetic/Neuropathic Ulcer: Wash left foot and wound with soap and water; pat dry. Apply Vashe to

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to walk with her walker again safely inside the home

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/01/2026

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gauze and place in the wound and let it soak for 10 minutes and pat dry. Pack Prisma with silver dressing to the left foot wound bed. Cover with ABD pad and rolled gauze; secure with tape. Change dressing every other day., incentive spirometer, apply anti-embolitic stockings, 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

OT Careplans

OT WK2: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, 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

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, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

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

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

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/01/2026