

Home Health Certification and Plan of Care				Order ID: 1150/17808	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2YJ8RC9QX34		02/07/2026		From: 04/08/2026 To: 06/06/2026	
				21855	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Lazelle Mullings 2507 Linden Ave, BALTIMORE, MD 21217- 667-514-3268			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/21/1948			Female		
11. ICD		Principal Diagnosis		Date	
E11.621		Type 2 diabetes mellitus with foot ulcer		02/07/26	
13. ICD		Other Pertinent Diagnoses		Date	
L97.419		Non-prs chr ulcer of right heel and midfoot w unsp severt		02/07/26	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		02/07/26	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		02/07/26	
I50.32		Chronic diastolic (congestive) heart failure		02/07/26	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		02/07/26	
N18.30		Chronic kidney disease stage 3 unspecified		02/07/26	
M62.552		Muscle wasting and atrophy NEC left thigh		02/07/26	
I05.0		Rheumatic mitral stenosis		02/07/26	
I25.10		AthscI heart disease of native coronary artery w/o ang pctrs		02/07/26	
J44.9		Chronic obstructive pulmonary disease unspecified		02/07/26	
Z85.118		Personal history of malignant neoplasm of bronchus and lung		02/07/26	
Z91.81		History of falling		02/07/26	
14. DME and Supplies:			15. Safety Measures:		
wound care supplies, 4 wheeled walker			fall precautions, standard precautions, supervision at all times, walker precautions, activity supervision, ambulates with assistance, ambulates with device		
16. Nutrition:			17. Allergies:		
low sodium			beans		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance			Up As Tolerated		
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:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			patient 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		
Clinical Condition Requiring Homecare:			<p class="MsoNoSpacing">Recertification visit for a wound on the right posterior ankle indicates the need for ongoing wound care to prevent deterioration and infection, making it a taxing effort for the patient to leave the home. The patient is alert and oriented 3 and lives with family. Assessment of the wound shows a pink, flesh-colored wound bed with moderate bloody drainage; a photo was obtained, and measurements are 1.5 2.5 0.1 cm. The patient reports being active with household tasks such as cleaning and organizing, with minimal pain rated at 4/10, good sleep, and a good appetite. She denies any recent falls, reports her last bowel movement was yesterday, and has no urinary discomfort. Medications were reviewed with the patient, who demonstrated understanding of their actions and potential side effects, and no abnormal bleeding was reported. For safety, the patient resides on the first level of the home and uses a walker and cane for ambulation. She is able to perform her wound care independently and appropriately in the absence of the nurse.Top of Form<o:p></o:p></p><p class="MsoNoSpacing"> </p><p class="MsoNoSpacing">Bottom of Form<o:p></o:p></p><p class="MsoNoSpacing"> </p>Date of Order<o:p></o:p></p><p class="MsoNoSpacing"> </p><p class="MsoNoSpacing">Physician Face-to-Face Date: 01/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to 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></p><p class="MsoNoSpacing"> 4 - Recertification SN Notes: due to wound on the right posterior ankle<o:p></o:p></p><p class="MsoNoSpacing">Physician: Berkenblit, Gail</p>		
SN Careplans			SN Goals		
SN WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 1 (05/17/26-05/23/26)			PATIENT-STATED GOAL: I WANT THE WOUND ON MY FOOT TO HEAL		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8			* how to achieve wound healing including cleaning and dressing wound		
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			* 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		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 04/03/2026					
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.		
Gail Berkenblit			F2F date : 01/22/2026		
601 N. Caroline Street					
Baltimore, MD 21287					
PHONE: 4109552834 FAX: 14109551545 NPI: 1841256781					
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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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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, abn cholesterol > 200 mg/dL, limited endurance, limited strength, balance deficit, discolored patches of skin PROCEDURES: physician-ordered wound care: #1 - Open Wound - Posterior Right Heel - BEEFY RED WOUND BED: SN/PT TO CLEANSE WITH WOUND CLEANSER OR NSS; PAT DRY, APPY CALCIUM ALGINATE AG , COVER WITH 4X4 GAUZE, SECURE WITH KERLIX AND TAPE EVERY 2-3 DAYS OR AS NEEDED FOR INCREASED DRAINAGE.PATIENT IS INDEPENDENT WITH WOUND CARE., cough/deep breathing exercises 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 medicatio, * 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, * 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, meal preparation is available to patient for all meals			* energy conservation * lifestyle changes * diet * 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 * 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 medicatio patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/03/2026