Home Health Certification and Plan of Care

Order ID: 1150/16841

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3DK6XY7WJ54	03/05/2026	From: 03/05/2026 To: 05/03/2026	23097	217058

6. Patient's Name and Address
Myra Brooks
2639 Rayner Ave,
BALTIMORE, MD 21216-
410-299-0732

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 01/24/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.851D	Displ trimalleol fx r low leg subs for clos fx w routn heal	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	03/05/26
L97.321	Non-prs chronic ulcer of left ankle limited to brkdwn skin	03/05/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	03/05/26
E11.59	Type 2 diabetes mellitus with oth circulatory complications	03/05/26
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/05/26
I10.	Essential (primary) hypertension	03/05/26
E78.5	Hyperlipidemia unspecified	03/05/26
N39.46	Mixed incontinence	03/05/26
M06.9	Rheumatoid arthritis unspecified	03/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/05/26
F32.A	Depression unspecified	03/05/26
D64.9	Anemia unspecified	03/05/26
Z85.3	Personal history of malignant neoplasm of breast	03/05/26
Z60.2	Problems related to living alone	03/05/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/05/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/05/26
Z79.52	Long term (current) use of systemic steroids	03/05/26
Z91.81	History of falling	03/05/26

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

GABAPENTIN 300 mg 0300 mg / 1 Capsule by mouth at bedtime for Neuropathy
Gabapentin - Gabapentin 200mg by mouth in the morning for Neuropathy
Sitagliptin Phosphate - Sitagliptin Phosphate 100 mg / 1 Tablet by mouth once a day for DM
Metformin Hcl - Metformin Hydrochloride 500 mg / 1 Tablet by mouth in the evening for DM
Prednisone - Prednisone 1 mg 1 mg / 1 Tablet by mouth once a day Give 4 tablet for Arthritis
Iodosorb External Gel 0.9 % 0 0.9 % topical once a day Directions: Apply to left outer ankle typically every day shift for wound care.
Praluent - Alirocumab 0 Subcutaneous Solution Auto-injector 150 MG/ML / Inject 1 ml subcutaneous once a day every 14 day(s) for HLD
Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg 12.5 mg / 1 Tablet by mouth once a day for Fluid Retention
Amlodipine Besylate And Valsartan - Amlodipine Besylate: Valsartan 10-320 mg / 1 Tablet by mouth once a day for HTN
Tofacitinib Citrate ER Oral Tablet Extended Release 24 Hour 0 11 mg / 1 Tablet by mouth once a day for Auto Immune D/O
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg 60 mg / 1 Capsule by mouth in the evening for Depression
Esomeprazole Magnesium - Esomeprazole Magnesium 40 mg 40 mg / 1 Capsule by mouth in the morning for GERD
CLOPIDOGREL 75 mg 75 mg / 1 Tablet by mouth once a day for PAD.

14. DME and Supplies:
urinary/catheter supplies, wheelchair, bath bench, walker, wound care supplies, cane, commode

15. Safety Measures:
wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, infectious material management, medication safety, transfer with assist, supervision at all times, anticoagulant precautions, activity supervision

16. Nutrition:
diabetic, cardiac diet,

17. Allergies:
cipro erythromycin sulfur camphor tetracycline plaquenil sulfa

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

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

19. Mental & Psychosocial 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: Yes

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing, 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">The patient is a 75-year-old female recently discharged home from rehabilitation following hospitalization at UMMC on 01/18/2026 due to a fall resulting in a right trimalleolar ankle fracture, for which she underwent open reduction and internal fixation (ORIF) on 01/19/2026. Her past medical history is significant for rheumatoid arthritis, type 2 diabetes mellitus, hypertension, peripheral arterial disease, cerebrovascular accident with left-sided hemiparesis, Charcot joint of the right ankle, chronic left ankle arterial ulcer (measuring 3.0 3.0 0.1 cm), history of breast cancer with right mastectomy, and recurrent falls. The patient lives alone in a townhouse with four steps to enter and is currently sleeping in a recliner on the first floor due to mobility limitations. Upon nursing arrival, the patient was seated in a reclined position and denied pain or shortness of breath; lungs were clear. She is incontinent of urine and uses diapers. The left ankle dressing was saturated with drainage, though the drainage characteristics were difficult to assess due to the presence of Iodosorb. The left leg appeared contractured, and the patient reported being unable to ambulate, relying on a wheelchair for mobility. Skilled nursing assessed the wound and performed wound care without complications; however, the patient was unable to gather all medications during the visit, and medication reconciliation will be completed on follow-up visits. The home environment is cluttered with limited space for wheelchair mobility, and the patient has a dog and cat that she is unable to manage independently. She relies

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mitul Dave
9055 Chevrolet Dr
Ellicott City, MD 21041
PHONE: 4104657850 FAX: 14104653716 NPI: 1396833604

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 : 03/05/2026

27. Attending Physician's Signature and Date Signed **03/13/2026**: 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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heavily on neighbors for assistance with meals, transfers, and pet care. The patient requires moderate assistance to reposition the recliner from a reclined to seated position and requires a dependent lift from recliner to wheelchair due to non-weight-bearing status of the right ankle and deformity of the left ankle with inversion and plantarflexion. She is currently dependent for toileting despite having a bedside commode, as she is unable to transfer independently. Physical assessment revealed normal range of motion of the right hip and knee, a surgical cast on the right ankle, a left ankle fixed in inversion and plantarflexion, and left knee extension limited to -67 degrees. The patient is considered homebound due to the significant effort required to leave the home using a wheelchair, as evidenced by a Tinetti score of 1/28, indicating extremely high fall risk. Skilled nursing is ordered at a frequency of 1W12, 2W1, and 1W6, with physical and occupational therapy evaluations initiated. The patient has a follow-up appointment with her physician on 03/09/2026 to reassess weight-bearing status; if non-weight-bearing status persists, a higher level of care may be necessary. A hospital bed was recommended, though the patient reports insufficient space in the home to accommodate it.<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> 03/05/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/05/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing
 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> 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;"> Dave, Mitul

SN Careplans

SN WK1: 1 (03/05/26-03/07/26)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, M1610 - Urinary Incontinence, poor muscle tone, limited strength, limited range of motion, muscle weakness, balance deficit, involuntary movement of extremity, Pain Interference with ADLs, rough/scaly/cracked skin, #1 - Open Wound - Other - LEFT ANKLE WOUND LATERAL ASPECT - SOME HYPERGRANULATION NOTED

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - LEFT ANKLE WOUND

SN Goals

PATIENT-STATED GOAL: I WANT TO BE ABLE TO USE THE WALKER AGAIN

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 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 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
* 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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/05/2026

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PROCEDURES: physician ordered wound care: #1 - Open Wound - Other - LEFT ANKLE WOUND LATERAL ASPECT - SOME HYPERGRANULATION NOTED: SN/PT TO CLEAN LEFT ANKLE WOUND WITH NSS, IODOSORB TO WOUND BED, SKIN PREP TO PERIWOUND, CALCIUM ALGINATE, COVER WITH BORDERED DRESSING DAILY, cough/deep breathing exercises, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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, * 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (03/05/26-03/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: Home exercise program : Supine hip flexion, hip abduction, straight leg raise, quad sets, glut sets. Sitting knee extension, ankle pumps, wheelchair training, equipment training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to walk in the house

GOALS
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 - 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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

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

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/05/2026