# Home Health Certification and Plan of Care

**Order ID: 1150/17914**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 23164371 | 04/14/2026 | From: 04/14/2026 To: 06/12/2026 | 24819 | 217058 |

**6. Patient's Name and Address**

Sharon Carter
5018 Queensbury Ave,
BALTIMORE, MD 21215-
410-542-6249

**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** 08/23/1958 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L03.317 | Cellulitis of buttock | 04/14/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| B96.89 | Oth bacterial agents as the cause of diseases classd elswhr | 04/14/26 |
| L89.154 | Pressure ulcer of sacral region stage 4 | 04/14/26 |
| I95.9 | Hypotension unspecified | 04/14/26 |
| I11.0 | Hypertensive heart disease with heart failure | 04/14/26 |
| I50.30 | Unspecified diastolic (congestive) heart failure | 04/14/26 |
| N18.9 | Chronic kidney disease u | 04/14/26 |
| D63.1 | Anemia in chronic kidney disease | 04/14/26 |
| N17.9 | Acute kidney failure unspecified | 04/14/26 |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction | 04/14/26 |
| E43. | Unspecified severe protein-calorie malnutrition | 04/14/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 04/14/26 |
| E78.5 | Hyperlipidemia unspecified | 04/14/26 |
| D50.9 | Iron deficiency anemia unspecified | 04/14/26 |
| H34.231 | Retinal artery branch occlusion right eye | 04/14/26 |
| F17.210 | Nicotine dependence cigarettes uncomplicated | 04/14/26 |
| Z79.82 | Long term (current) use of aspirin | 04/14/26 |

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

CARVEDILOL 25 MG tablet by mouth 2 times daily with meals Commonly known as: COREG
AMOXICILLIN 500 MG capsule STOP taking these medications
FUROSEMIDE 20 MG tablet STOP taking these medications
IBUPROFEN 800 mg tablet STOP taking these medications
ATORVASTATIN 80 MG tablet by mouth twice a day Commonly known as: LIPITOR
HYDRALAZINE 50 MG tablet by mouth twice a day Commonly known as: APRESOLINE What changed: when to take this
OXYCODONE 10 mg immediate release tablet by mouth every 6 hours As needed for MODERATE Pain (or if patient requests it for severe pain). Commonly known as: ROXICODONE

**14. DME and Supplies:**

wound care supplies

**15. Safety Measures:**

smoke detectors , emergency phone # clearly displayed, bathroom safety, medication safety, standard precautions, fall precautions, ambulates with assistance

**16. Nutrition:**

regular

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Ambulation, Bowel/Bladder Incontinence

**18.B. Activities Permitted**

Up As Tolerated

**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: No

**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**

SN: family/caregiver will be responsible for managing treatment PT: patient will

**Homebound status:**

Due to diagnosis of Cellulitis of buttock, 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 67-year-old female with a medical history of hyperlipidemia, hypertension, congestive heart failure, osteoporosis, and right branch retinal artery occlusion, recently hospitalized for acute kidney injury, dehydration, hypotension, and cellulitis of the buttocks with an associated open wound. She has been discharged home in stable condition with home health services for skilled nursing and wound care. On assessment, the patient is alert, oriented, cooperative, and in no acute distress, with vital signs within normal limits and no reported pain or signs of infection. Cardiopulmonary status is stable, with no shortness of breath, chest pain, or edema. Examination of the buttocks reveals a large open wound with a pink wound bed, no excessive drainage, odor, or infection, and intact surrounding skin. Wound care is being performed as ordered with daily wet-to-dry dressings. The patient lives with her sister, who assists with care. Education was provided on wound care, infection prevention, medication adherence, hydration, and safety precautions, including fall prevention. The plan includes ongoing skilled nursing visits for wound management, monitoring of healing and cardiovascular status, and reinforcement of education, with the patient remaining stable and supported at home. Bottom of Form<o:p></o:p> <o:p> </o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/14/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 04/10/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Cellulitis of buttock<br> 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> <br> 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;"> Li, Ming

| SN Careplans | SN Goals |
|---|---|

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 04/14/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Ming Li
7141 SECURITY BLVD
Baltimore, MD 21244
PHONE: 410-571-7300 FAX: 14105717301 NPI: 1578092417

**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 : 04/10/2026

**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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SN WK1: 1 (04/14/26-04/18/26) ,WK2: 2 (04/19/26-04/25/26) ,WK3: 2 (04/26/26-05/02/26) ,WK4: 2 (05/03/26-05/09/26)

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: 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, A1250 - Lack of Necessary Transportation, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, limited strength, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, open sores/lesions, #1 - Other - Other - Bl buttocks - Wound to buttocks pink with scant discharge, no signs of infection noted

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Bl buttocks - Wound to buttocks pink with scant discharge, no signs of infection noted, physician-ordered wound care: Cleanse wound with wound cleaner and pat dry with dry gauze. Apply ABD pads to wound and secure with tape daily and as needed for soiled dressing. Change daily or when dressing is soiled., 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 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Patient stated she wants to heal her wound

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 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
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

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 Goals

Signature of Physician:

Date



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

Date
04/14/2026

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PT WK1: 1 (04/14/26-04/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, 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: equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate 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

PATIENT-STATED GOAL: Pt declines PT services

GOALS

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up 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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 04/14/2026 |