Home Health Certification and Plan of Care

Order ID: 1150/18070

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
03193140670	04/15/2026	From: 04/15/2026 To: 06/13/2026	24599	217058

6. Patient's Name and Address

Theresa Morris
8164 Kavanaugh Road,
DUNDALK, MD 21222-
443-319-2231

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 01/15/1967 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.002D	Fx unsp part of nk of l femr subs for clos fx w routn heal	04/15/26

13. ICD	Other Pertinent Diagnoses	Date
L89.153	Pressure ulcer of sacral region stage 3	04/15/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/15/26
I50.22	Chronic systolic (congestive) heart failure	04/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/15/26
N18.9	Chronic kidney disease u	04/15/26
J44.89	Other specified chronic obstructive pulmonary disease	04/15/26
G89.4	Chronic pain syndrome	04/15/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/15/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	04/15/26
K59.03	Drug induced constipation	04/15/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	04/15/26
Z79.4	Long term (current) use of insulin	04/15/26
Z46.6	Encounter for fitting and adjustment of urinary device	04/15/26
Z89.511	Acquired absence of right leg below knee	04/15/26
Z87.440	Personal history of urinary (tract) infections	04/15/26
Z91.81	History of falling	04/15/26

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

Zinc Oxide - Zinc Oxide External Cream 10% / Apply to Sacrum topical once a day as needed for sacral wound care
VALSARTAN 320 mg 320 mg / 1 Tablet by mouth one time a day for HTN
Tylenol Es - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for Pain
Carvedilol - Carvedilol 12.5 mg 12.5mg; 1 Tablet by mouth twice a day for HTN
Cranberry - Cranberry 1 tab by mouth once a day supplement
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg; 1 tab by mouth three times a day as needed for spasms
Folic Acid - Folic Acid 1 mg 1 mg / 1 Tablet by mouth once a day for Supplement
Gabapentin - Gabapentin 800 mg 800mg; 1 tab by mouth three times a day pain
Hydrochlorathiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25mg; 1 tab by mouth once a day HTN
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 mg/0.1 ml / 1 spray Alternating nostril Nasal as necessary every 3 minutes as needed for Opiate reversal 1 spray into alternating nostril every 3 minutes as needed
Ondansetron - Ondansetron 4 mg 4MG; 1 TAB by mouth every 6 hours AS NEEDED FOR NAUSEA
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10MG; 1 TAB by mouth four times a day AS NEEDED FOR PAIN
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for Supplement
Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG; 1/2 TAB by mouth one time a day for depression
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride ER 150 mg / 1 Capsule by mouth one time a day for Depression
Miralax - Polyethylene Glycol 3350 0 Powder 17 GM/SCOOP / Give 1 scoop by mouth once a day for Bowel regimen

14. DME and Supplies:

commode, wheelchair, wound care supplies, walker, hospital bed

15. Safety Measures:

wheelchair precautions, standard precautions, diabetic precautions, fall precautions, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, hip precautions, activity supervision

16. Nutrition:

diabetic,

17. Allergies:

Zosyn

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence, Amputation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Wheelchair,

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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

SN and PT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status: Due to diagnosis of Fracture of unspecified part of neck of left femur, 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:

The patient was recently hospitalized following a fall from a wheelchair resulting in a left hip fracture and underwent intramedullary femur nail insertion on 3/9. The left hip incision is mostly closed with a small pinpoint open area covered by a dry dressing. Postoperative complications include pain, hypotension, anemia, encephalopathy, hematuria at the surgical site, opioid-induced constipation, and a urinary tract infection. The patient has a 16Fr 10cc indwelling Foley catheter draining clear yellow urine, with a urology consult pending. The patient is alert and oriented 3, reports severe uncontrolled hip pain (10/10) managed with Tylenol and oxycodone, denies shortness of breath, had a bowel movement today, and remains wheelchair-bound. Past medical history includes right below-knee amputation, with current findings of discoloration and coolness in the left lower extremity, suggestive of possible venous insufficiency. Per H&P, the patient has stage 3 pressure ulcers to the sacrum and buttocks but declined a full skin assessment during the visit. The patient requires significant assistance with all ADLs and IADLs, provided by a significant other. Skilled nursing services are ordered, and PT/OT evaluations have been initiated. The patient demonstrates decreased standing balance, tolerance, upper extremity strength, and overall activity tolerance, impacting self-care and mobility. Education was provided on medications, Foley care, skin and incontinence care, stump care, lower extremity exercises, and safe transfer techniques; both the patient and caregiver were receptive but require reinforcement.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/15/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/18/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat DX: Fracture of unspecified part of neck of left femur, 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 -

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nancy Beth Barr
9101 Franklin Square Dr
Rosedale, MD 21237
PHONE: 443-777-2000 FAX: 14437772035 NPI: 1881636595

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 : 03/18/2026

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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SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Barr, Nancy Beth

SN Careplans

SN WK1: 1 (04/15/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; 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, M1745 - Behavioral Issues, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited strength, limited range of motion, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, discolored patches of skin, #1 - Other - Other - LEFT HIP INCISION - CLOSED WITH PIN POINT OPEN AREA, COVERED WITH DRY DRESSING ONLY, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - , #3 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Buttock -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - LEFT HIP INCISION - CLOSED WITH PIN POINT OPEN AREA, COVERED WITH DRY DRESSING ONLY: COVER OPEN AREA WITH DRY DRESSING DAILY AND AS NEEDED FOR DRAINAGE, physician-ordered wound care: #3 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Buttock -, physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock -, cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care, physician-ordered wound care: Right and Left Buttock wounds: Cleanse with normal saline, apply medical-grade honey, and cover with silicon bordered foam dressing. Change dressing daily or PRN when soiled., catheter change, care & irrigation: MANAGED BY UROLOGIST, home exercise program

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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

SN Goals

PATIENT-STATED GOAL: I MAINLY WANT TO START THERAPY

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

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (04/15/26-04/18/26) ,WK2: 2 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170M1 - 1 - Step (curb), GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170F1 - Toilet Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, home exercise program: SLR, LE ABD/ADD, LONG ARC SIT/STAND --10X2 REPS, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: To have the pain controlled and walk agin

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/15/2026

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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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

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

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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

OT Careplans

OT WK2: 1 (04/19/26-04/25/26) ,WK4: 1 (05/03/26-05/09/26) ,WK6: 1 (05/17/26-05/23/26) ,WK8: 1 (05/31/26-06/06/26) ,WK9: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, equipment training, work simplification/energy conservation, strengthening exercises: Skilled OT 1x5 wks, transfers training: Skilled OT 1x5 wks, assist with bathing: Skilled OT 1x5 wks, assist with toilet transferring: Skilled OT 1x5 wks, assist with lower body dressing: Skilled OT 1x5 wks

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, 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: Get in the shower;Get in the shower

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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	04/15/2026