Home Health Certification and Plan of Care

Order ID: 1150/18066

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2G78WP3QJ43	04/17/2026	From: 04/17/2026 To: 06/15/2026	25020	217058

6. Patient's Name and Address

Jean Reese
5525 Plainfield Avenue,
BALTIMORE, MD 21206-
443-286-1962

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 08/25/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L02.214	Cutaneous abscess of groin	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	04/17/26
E11.9	Type 2 diabetes mellitus without complications	04/17/26
I10.	Essential (primary) hypertension	04/17/26
F41.9	Anxiety disorder unspecified	04/17/26
E78.5	Hyperlipidemia unspecified	04/17/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/17/26
M19.90	Unspecified osteoarthritis unspecified site	04/17/26
E66.813	Other obesity	04/17/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	04/17/26
Z85.43	Personal history of malignant neoplasm of ovary	04/17/26
Z79.01	Long term (current) use of anticoagulants	04/17/26
Z79.891	Long term (current) use of opiate analgesic	04/17/26
Z86.19	Personal history of other infectious and parasitic diseases	04/17/26
Z87.440	Personal history of urinary (tract) infections	04/17/26
Z91.81	History of falling	04/17/26

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

Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for hyperlipidemia
ELIQUIS 5 mg / 1 Tablet by mouth twice a day for to prevent DVT
Calcium Citrate 250 mg/tablet / Give 2 tablet by mouth once a day for SUPPLEMENT
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 1 Tablet by mouth one time a day for vitamin supplement
Cholecalciferol 50 mcg by mouth once a day for supplement
CYANOCOBALAMIN Solution 1000 MCG/ML / Inject 1 mL intramuscular one time a day every 30 day(s) for supplement
DIGOXIN 125 mcg / 1 Tablet by mouth one time a day for CHF hold for HR rate less than 60
Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 40 mg / 1 Capsule by mouth one time a day for depression
GABAPENTIN 100 mg / 1 Capsule by mouth two times a day for neuropathy pain
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg / 1 Tablet by mouth one time a day for anxiety
LPS Super Free Oral Liquid 30 ml by mouth two times a day for additional protein to aid in wound healing
MAGNESIUM 400 mg by mouth one time a day for SUPPLEMENT
Senna S - Senna 8.6 mg/tablet / Give 2 tablet by mouth every 12 hours as needed to promote BM
Miralax - Polyethylene Glycol 3350 Powder 17 GM/SCOOP / Give 1 scoop by mouth every 12 hours as needed for Bowel Regimen Dissolve in 8oz of water; hold for loose stools
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for Pain Moderate to Severe Pain
Tylenol Arthritis - Acetaminophen ER 650 mg by mouth every 12 hours for pain
Sucralfate - Sucralfate 1 gm / 1 Tablet by mouth three times a day for gastric protection give 1 hour before meals
Tums - Simethicone Chewable 500 mg / 1 Tablet by mouth every 8 hours as needed for GERD
Santyl - Collagenase External Ointment 250 UNIT/GM / Apply to right/left buttocks topical as necessary for soilage
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day 1 tab daily for GERD
Amlodipine Besylate - Amlodipine Besylate eq 2.5 mg base 1 by mouth once a day 1 tab daily for blood pressure control
Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth once a day 1 tab daily for potassium repletion

14. DME and Supplies:

wheelchair, rolling walker, walker, commode, wound care supplies, hospital bed, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, smoke detectors , medication safety, emergency phone # clearly displayed, bedrails up while in bed, ambulates with assistance, transfer with assist, supervision at all times, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic, high protein

17. Allergies:

percocet

18.A. Functional Limitations

Hearing, Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Asima Rahman
1447 York Rd
Lutherville, MD 21093
PHONE: 4103913700 FAX: 14103914355 NPI: 1043537939

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 : 03/30/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jean Reese 5525 Plainfield Avenue, BALTIMORE, MD 21206- 443-286-1962	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Cutaneous abscess of groin, 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 75-year-old female admitted to home health services following emergency room evaluation for a fall sustained in her bathroom. The patient reported that she was walking backward when she began to feel weak and unwell, attempted to lower herself to the floor, and subsequently fell onto her right side. She denied loss of consciousness and acute pain at the time of assessment but endorsed intermittent right-sided discomfort and generalized weakness with impaired mobility. Her past medical history is significant for diabetes mellitus, hypertension, atrial fibrillation, and osteoporosis. The patient resides in a single-family home with her 89-year-old spouse. On assessment, the patient demonstrates significant functional decline characterized by generalized weakness, unsteady gait, poor endurance, and limited mobility. She ambulates short distances of approximately 20 feet using a walker with contact guard assistance and fatigues easily, requiring frequent rest periods. She also presents with essential tremors exacerbated by anxiety, joint deformities affecting gait and balance, poor hand dexterity, and a history of recurrent falls. Transfers from supine to sitting and sit-to-stand require assistance, and the patient is notably slow with positional changes. She is able to transfer to a commode with assistance; however, due to delayed mobility, she experiences episodes of urinary incontinence prior to completing transfers. The patient does not utilize incontinence briefs due to inability to independently don and doff them. Vital signs at the time of visit were stable: blood pressure 120/72 mmHg, heart rate 80 bpm, and temperature 97.7F. Skin assessment revealed multiple areas of concern. The patient has a mons pubis wound previously managed with negative pressure wound therapy; however, the wound is now too shallow to continue wound VAC therapy. Currently, the wound is being managed with daily wet-to-dry dressings, with assistance from a friend for dressing changes. Photographs of the wound have been obtained. The registered nurse contacted Dr. Sunny Leah Fink to clarify and update wound care orders and recommended consideration of calcium alginate dressing changes every other day. Additionally, the patient presents with moisture-associated skin damage and excoriation beneath the abdominal pannus bilaterally and under the right breast, consistent with a fungal infection, for which she is applying nystatin powder as prescribed. A previously documented stage 3 sacral pressure injury has improved and is now classified as a stage 1 pressure injury. The patient was educated on frequent repositioning, pressure relief, and application of barrier cream to the buttocks multiple times daily to prevent further skin breakdown. Overall, the patient is homebound due to significant functional limitations, requiring assistive devices and caregiver support for mobility and activities of daily living. She demonstrates deficits in strength, balance, endurance, and safety awareness, placing her at high risk for falls and further injury. Skilled nursing services are indicated for ongoing wound assessment and management, coordination of care with the physician, and reinforcement of skin care and infection prevention strategies. Continued therapy services are recommended to address mobility limitations, improve strength and endurance, enhance functional independence, and reduce fall risk. The plan of care includes close monitoring of wound healing, implementation of appropriate dressing changes pending physician orders, patient and caregiver education, and progression of mobility and safety interventions.
 Date of Order 04/17/2026 Orders Physician Face-to-Face Date: 03/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Cutaneous abscess of groin Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Rahman, Asima

SN Careplans

SN WK1: 1 (04/17/26-04/18/26) ,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)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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; 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: M1720 - Anxiety, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, D0700 - Social Isolation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, frequent urination, limited endurance, limited range of motion, muscle weakness, poor muscle tone, limited strength, daytime fatigue, B0200 - Hearing Deficit, weak hand grips, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, itchy skin, #1 - Other - Other - Mons Pubis Region -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Mons Pubis Region -: Provide wound care to mons pubis every other day. Cleanse wound with normal saline using aseptic technique. Pat dry surrounding skin. Apply calcium alginate dressing to wound bed. Cover with sterile gauze. Secure with tape. Nursing Instructions: Perform hand hygiene and use appropriate PPE before and after procedure. Assess wound for size, drainage, odor, and signs of infection at each dressing change. Document wound appearance, patient tolerance, and care provided. Report increased pain, redness, swelling, purulent drainage, or foul odor to provider promptly., cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Procedure: Cleanse affected skin folds gently with mild soap and water or normal saline. Pat skin completely dry, ensuring all moisture is removed from folds. Apply Nystatin powder lightly to affected areas. Apply barrier cream to surrounding skin to protect from moisture twice daily and as needed for moisture. Nursing Instructions: Keep skin folds clean and dry at all times. Use moisture-wicking materials or gauze to separate skin folds if needed. Assess for redness, breakdown, drainage, odor, or worsening rash each shift. Encourage proper hygiene and airflow to affected areas. Document skin condition, treatment provided, and patient response. Notify provider if no improvement or if condition worsens., glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for

SN Goals

PATIENT-STATED GOAL: Patient states she wants to have her abdominal wound heal and be able to walk to and from the living room safely.

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/17/2026

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hearing impaired, i.e. alarms

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * 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 hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: home exercise program: heel slides, hip abduction, ankle pumps, glut sets, short arc quads, straight leg raises, leg extensions sitting, marching sitting, heel toe raises sitting, equipment training: Rollator and Rolling walker, BSC, Hospital bed, work simplification/energy conservation, gait training/stair training: Gait training patient has a ramp to the outside, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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

PT Goals

PATIENT-STATED GOAL: to walk better

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching 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	04/17/2026