# Home Health Certification and Plan of Care

**Order ID: 1150/18248**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 3HW3AY4DK94 | 04/20/2026 | From: 04/20/2026 To: 06/18/2026 | 23833 | 217058 |

**6. Patient's Name and Address**
Edith Brailsford
4405 Elderon Avenue,
Baltimore, MD 21215-
443-865-0110

**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** 10/12/1939 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J96.21 | Acute and chronic respiratory failure with hypoxia | 04/20/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I13.10 | Hyp hrt & chr kdny dis w/o hrt fail w stg 1-4/unsp chr kdny | 04/20/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 04/20/26 |
| N18.30 | Chronic kidney disease stage 3 unspecified | 04/20/26 |
| J84.10 | Pulmonary fibrosis unspecified | 04/20/26 |
| D86.0 | Sarcoidosis of lung | 04/20/26 |
| F03.90 | Unsp dementia unsp severity without beh/psych/mood/anx | 04/20/26 |
| E78.5 | Hyperlipidemia unspecified | 04/20/26 |
| E05.90 | Thyrotoxicosis unsp without thyrotoxic crisis or storm | 04/20/26 |
| K83.09 | Other cholangitis | 04/20/26 |
| I35.8 | Other nonrheumatic aortic valve disorders | 04/20/26 |
| K94.23 | Gastrostomy malfunction | 04/20/26 |
| M19.90 | Unspecified osteoarthritis unspecified site | 04/20/26 |
| E55.9 | Vitamin D deficiency unspecified | 04/20/26 |
| Z86.73 | Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits | 04/20/26 |
| Z87.440 | Personal history of urinary (tract) infections | 04/20/26 |
| Z79.82 | Long term (current) use of aspirin | 04/20/26 |

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

SENOKOT 2 tab(s) by mouth at bedtime PRN
LIPITOR 40 mg / 1 Tablet by mouth once a day
Aspirin - Aspirin 81 mg / 1 Tablet by mouth once a day
Cholecalciferol 50 mcg= 2 tab(s) by mouth once a day
Docusate - Docusate Sodium 100 mg= 1 capsule by mouth twice a day PRN
Culturelle Digestive Health Probiotic (lactobacillus rhamnosus) 1 Capsule by mouth twice a day
Prednisone - Prednisone 5 mg / 1 Tablet by mouth once a day
Furosemide - Furosemide 40 mg 1 tablet by mouth every other day As needed for swelling
Albuterol Mdi - Albuterol 1 puff inhaled inhalant every 6 hours PRN
Duoneb - Albuterol Sulfate: Ipratropium Bromide Inhalation Solution / 3ml Inhaled inhalant every 6 hours
Oxygen - Oxygen 2L nasal cannula continuous
Bisacodyl 10 mg = 1 supp rectal every 72 hours as needed
Barrier Cream - Barrier Cream Apply topical as necessary
Estradiol 0.01% vaginal two times per week

**14. DME and Supplies:**
oxygen supplies, hoyer lift, wound care supplies, , walker, 4 wheeled walker

**15. Safety Measures:**
standard precautions, supervision at all times, transfer with assist, walker precautions, medical alert/lifeline, fall precautions, bathroom safety, activity supervision, ambulates with assistance, anticoagulant precautions

**16. Nutrition:**
low cholesterol,

**17. Allergies:**
Orange juice, pork, however on previous visit noted pt dislikes these foods, not

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

**18.B. Activities Permitted**
Transfer bed/Chair, Walker, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

**22.B.Discharge Plans**
SN: patient will be responsible for managing treatment PT: family/caregiver will

**Homebound status:** Due to diagnosis of Acute and chronic respiratory failure with hypoxia, 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:** Start of care (SOC) was completed with consents explained by the nurse and signed by the patient's caregiver/son and power of attorney, Patrick. The patient is an 86-year-old female with a past medical history significant for urinary tract infection (recently treated, no current oral antibiotics), dementia, pulmonary sarcoidosis requiring supplemental oxygen via nasal cannula at 2 L/min, constipation, hyperlipidemia, aortic valve stenosis, diabetes mellitus, hypertension, and hypothyroidism. She demonstrates significant functional decline, requiring maximum assistance for activities of daily living (ADLs), transfers, and ambulation, making it a taxing effort to leave the home and qualifying her as homebound. The patient has lower extremity weakness and utilizes assistive devices including a walker, gait belt, cane, transfer devices, and exercise equipment; however, she currently requires moderate to maximum assistance for bed mobility and maximum assistance of two persons for sit-to-stand transfers, with inability to consistently achieve standing. Caregiver training and support are evident, with the son providing 24-hour supervision while the patient temporarily resides with him, though she typically lives alone with in-home aides. The patient is alert with intermittent daytime somnolence due to dementia, denies pain and recent falls, and medications were reviewed with the caregiver. Wounds to the sacral area (3.4 x 1.2 cm) and left buttock (1 x 1.2 cm) were reported and are being managed by the caregiver with routine wound care every 2-3 days; no active bleeding was noted, and wound progression is being monitored via daily photos per caregiver report. The patient would benefit from skilled nursing for ongoing assessment, wound care, and disease management, as well as physical and occupational therapy to improve strength, balance, safety, and functional mobility. Follow-up with the primary care provider, Dr. Michael Kingan, is scheduled for 05/01/2026, with ordered services including skilled nursing frequency of 2 weeks for 2 visits, then 1 week for 5 visits, and completed PT evaluation recommending continued therapy to address deficits and prevent further decline.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/20/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 04/11/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Acute and chronic respiratory failure with hypoxia<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: Kingan, Michael

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 04/20/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Michael Kingan
6701 N Charles St
Baltimore, MD 21224
PHONE: 4438496257 FAX: 14438493182 NPI: 1861871881

**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 : 04/11/2026

**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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| Edith Brailsford<br>4405 Elderon Avenue,<br>Baltimore, MD 21215-<br>443-865-0110 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

## SN Careplans

SN WK1: 1 (04/20/26-04/25/26) ,WK2: 2 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26) ,WK7: 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

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 ; 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.

Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, constipation, M1600 - UTI, limited strength, limited endurance, muscle weakness, Pain Effect on Sleep, balance deficit, difficulty sleeping, withdrawal from conversations, loss of appetite, skin breakdown r/t incontinence, #1 - Other - Other - Midline sacral - , #2 - Other - Posterior Right Buttock -

PROCEDURES: physician-ordered wound care: #2 - Other - Posterior Right Buttock -, physician-ordered wound care: #1 - Other - Other - Midline sacral -, cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange preparation of missing meals

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 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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: To walk to bathroom per caregiver with walker without assistance with improvement of Sarcodosis;To walk to bathroom per caregiver with walker without assistance with improvement of Sarcodosis

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 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
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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 |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 04/20/2026 |

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## PT Careplans

PT WK1: 1 (04/20/26-04/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: cough/deep breathing exercises, wheelchair training, home exercise program: Review hep: supine therex for BLE including knee flex, hip flex, hip abd PROM or AAROM. Upgrade as tolerated, equipment training, transfers training

TEACH PATIENT/CAREGIVER: Toilet Transfer - 01. Dependent, Car Transfer - 04. Supervision or touching assistance, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent

## PT Goals

PATIENT-STATED GOAL: To be able to walk with help in home

GOALS
Toilet Transfer - 01. Dependent

Car Transfer - 04. Supervision or touching assistance

Oral Hygiene - 01. Dependent

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 01. Dependent

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 04/20/2026 |