Home Health Certification and Plan of Care

Order ID: 1150/18209

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42301388500	04/10/2026	From: 04/10/2026 To: 06/08/2026	22947	217058

6. Patient's Name and Address

Wanda Holley-Epps
5551 FORCE RD APT F,
BALTIMORE, MD 21206-
443-278-4394

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 09/06/1968 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M86.161	Other acute osteomyelitis right tibia and fibula	04/10/26

13. ICD	Other Pertinent Diagnoses	Date
M85.461	Solitary bone cyst right tibia and fibula	04/10/26
J44.89	Other specified chronic obstructive pulmonary disease	04/10/26
I10.	Essential (primary) hypertension	04/10/26
F32.9	Major depressive disorder single episode unspecified	04/10/26
F41.1	Generalized anxiety disorder	04/10/26
N72.	Inflammatory disease of cervix uteri	04/10/26
N76.0	Acute vaginitis	04/10/26
K59.03	Drug induced constipation	04/10/26
T40.2X5D	Adverse effect of other opioids subsequent encounter	04/10/26
E66.01	Morbid (severe) obesity due to excess calories	04/10/26
Z68.32	Body mass index [BMI] 32.0-32.9 adult	04/10/26
Z79.01	Long term (current) use of anticoagulants	04/10/26
Z72.0	Tobacco use	04/10/26

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

Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 40 mg / 1 Capsule by mouth in the evening for insomnia
Fluticasone Propionate - Fluticasone Propionate Nasal Suspension 50 MCG/ACT / 2 sprays nostrils one time a day for sinus congestion
LORATADINE 10 mg / 1 Tablet by mouth one time a day for sinus congestion
Nifedipine Er - Nifedipine 60 mg / 1 Tablet by mouth one time a day for hypertension
Oxycodone Hydrochloride - Oxycodone Hydrochloride 15 mg by mouth every 6 hours as needed for severe pain (6-10)
SENNA 8.6 mg/tablet / Give 2 tablet by mouth two times a day for bowel regimen for loose stools
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg by mouth at bedtime for insomnia
Multivitamins-Minerals Oral Tablet 1 Tablet by mouth once a day for wound healing
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Oral Packet 17 GM / Give 17 gram by mouth twice a day for bowel regimen stir and dissolve in any 4-8 oz of non-carbonated drink. Hold for loose stool.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg / 1 Tablet by mouth once a day for supplement
LISINOPRIL 40 mg / 1 Tablet by mouth one time a day for Hypertension
Tylenol Es - Acetaminophen 500 mg / 1 Tablet by mouth as necessary Give 1 tablet by mouth every 8 hours as needed for pain rated 1-5 Do not exceed more than 3 Grams of acetaminophen in 24 hrs from all sources
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 5 mg by mouth once a day

14. DME and Supplies:
cane

15. Safety Measures:
fall precautions, standard precautions, ambulates with device, , ,

16. Nutrition:
regular,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated

19. Mental & Pyschosocial 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: good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 Other acute osteomyelitis right tibia and fibula, 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 57-year-old female admitted to home health services following a history of osteomyelitis of the right lower leg, now resolved, and status post right Achilles tendon lengthening performed on 02/20/2026, with prior history of right trimalleolar fracture (07/2023) treated with open reduction and internal fixation. Her past medical history is significant for hypertension, chronic obstructive pulmonary disease (COPD), anxiety, depression, insomnia, constipation, and seasonal allergies. The patient is alert and oriented x3-4 and resides with family, though prior documentation also indicates residence in a basement-level setting requiring navigation of approximately 14 steps with railing for entry/exit. She is currently employed at a group home and utilizes medical transport services as needed. On assessment, the previously treated right lower leg wound is fully resolved with no signs of infection and no antibiotic therapy required. The patient denies current concerns and reports no active pain at the time of visit, noting recent use of prescribed pain medication with good effect. No abnormal bleeding is reported. Pulmonary assessment reveals no abnormal lung sounds; however, the patient continues to smoke despite known COPD and verbalized understanding of associated health risks. She is not currently using inhaler therapy. Medication reconciliation was completed, and adherence was confirmed. Functionally, the patient ambulates with a cane and right cast boot under supervision for approximately 30 feet on level indoor surfaces and is able to negotiate 14 steps with use of a railing and cane with supervision. Bed mobility is independent, while transfers to bed, chair, and toilet require supervision for safety. Her Tinetti balance and gait score is 18/28, indicating a moderate fall risk. The patient demonstrates decreased right ankle range of motion and mild functional limitations affecting mobility and endurance, contributing to her homebound status due to the significant effort required to leave the home and need for assistive devices to prevent falls. During the visit, therapeutic interventions included supervised exercises and education to improve strength, flexibility, and mobility. The patient tolerated therapeutic exercises including squats, plantarflexion exercises, and backward lunges, as well as manual stretching of the right ankle in supine and seated positions. Additional instruction included hamstring stretching, step exercises, and soft tissue massage to the right ankle incision area using cocoa butter to promote tissue mobility. Education was provided on safe mobility techniques, fall prevention, and continuation of a home exercise program to support recovery. The patient has a scheduled follow-up appointment with her primary care provider on 04/30/2026 and plans to request a referral for outpatient physical therapy, with the goal of transitioning to outpatient services in early May. Orders have been initiated for skilled nursing, physical therapy, occupational therapy, and home health aide services with a frequency of 1 visit per week for 3 weeks. The plan of care focuses on pain management, improving right lower extremity strength and range of motion, enhancing functional mobility, and reducing fall risk. Continued skilled services are medically necessary to support safe progression toward independence and prevent complications or functional decline.
 Date of Order 04/10/2026 Orders Physician Face-to-Face Date: 04/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process pt-eval & treat due to Other acute osteomyelitis right tibia and fibula Homebound Status per Certifying Physician: patient

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Laurene Dampare
29 S Paca St
BALTIMORE, MD 21201
PHONE: 6672141800 FAX: 14106851973 NPI: 1649859158

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 : 04/02/2026

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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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: Physician Dampare, Laurene

SN Careplans

SN WK1: 1 (04/10/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, pain radiating to arms/legs, balance deficit, obesity, red/tender pressure points

PROCEDURES: cough/deep breathing exercises, 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To go to outpatient physical 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/10/2026

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PT WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0130B1 - Oral Hygiene, 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: Sitting knee extension, ankle pumps. Also ankle circumduction and trace alphabet. Supine straight leg raise, bridging . Standing plantarflexion, squats, knee flexion, hip abduction, hip extension, Home stretching program to gain ROM in hamstrings and ankle dorsiflexion: Manual stretching of right ankle in supine. Stretching in sitting with knees bent and lean forward with feet flat on the floor. Sitting on sofa with right leg support on sofa for hamstring stretch (can use a belt around ball of the foot), standing and lean forward to touch toes, step up 3 steps and stretch bottom ankle, backward lunges 5x., Massage to right ankle incision line.: Instructed client to perform 3x a day with cocoabutter., incentive spirometer, equipment training, gait training/stair training, transfers training

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, Car 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, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Be able to walk without a limp on all surfaces

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Don/Doff Footwear - 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

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

Car 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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

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	04/10/2026