

Home Health Certification and Plan of Care				Order ID: 1150/18319	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6UH4Y67JE50		04/23/2026		From: 04/23/2026 To: 06/21/2026	
				4. Medical Record No.	
				21254	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Jacqueline Feaster			HomeCentris Healthcare LLC		
1610 Melby Court,			10 Crossroads Drive, Suite 102		
Parkville, MD 21234-			Owings Mills, MD 21117-8284		
410-900-0171			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/18/1945			Female		
11. ICD		Principal Diagnosis		Date	
L89.154		Pressure ulcer of sacral region stage 4		04/23/26	
13. ICD		Other Pertinent Diagnoses		Date	
M84.351D		Stress fracture right femur subs for fx w routn heal		04/23/26	
F03.918		Unsp dementia unsp severity with other behavioral disturb		04/23/26	
F32.1		Major depressive disorder single episode moderate		04/23/26	
K50.90		Crohn's disease unspecified without complications		04/23/26	
I10.		Essential (primary) hypertension		04/23/26	
E43.		Unspecified severe protein-calorie malnutrition		04/23/26	
D50.9		Iron deficiency anemia unspecified		04/23/26	
M19.90		Unspecified osteoarthritis unspecified site		04/23/26	
14. DME and Supplies:			15. Safety Measures:		
bath bench, commode, hooyer lift, wheelchair			supervision at all times, transfer with assist, wheelchair precautions, medication safety, fall precautions, bleeding precautions, cardiac precautions, bathroom safety, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			penicillin, Lactose		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			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: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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: Yes		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status:					
Due to diagnosis of Pressure ulcer of sacral region stage 4, 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 an 80-year-old female with a significant medical history including CVA, Crohn's disease, dementia (Alzheimer's type), depression, hypertension, anemia, osteoarthritis, malnutrition, and other comorbidities, recently admitted to home health following a brief stay in a skilled nursing facility after a right hip fracture treated with ORIF on 02/27/2026. Upon arrival, the patient was lying in a hospital bed; per caregiver report, she had tolerated sitting in a chair for 45 minutes and was able to stand with assistance for transfers. She was alert and oriented to self and place, initially exhibiting agitation that improved during the visit, and demonstrated intermittent confusion and hallucinations. She denied pain initially but later reported knee discomfort, denied shortness of breath, and physical assessment revealed clear lungs, audible bowel sounds, no edema, and normal capillary refill; vital signs were stable (98.2F, SpO 93%, HR 91, BP 92/54). The patient has a stage 4 sacral pressure ulcer measuring approximately 4.5 cm 4 cm 2.3-3 cm with a beefy red wound bed and no slough or purulent drainage; dressing was changed, and education on pressure offloading and limiting wheelchair time was provided. She presents with deficits in bed mobility, transfers, and standing balance, requiring minimal to moderate assistance, and ambulation could not be fully assessed; she is weight-bearing as tolerated on the right lower extremity per orthopedic follow-up. The patient lives with her husband in a two-story home with stairs, receives weekday CNA support for wound care, and additional assistance from her niece for ADLs. Medication concerns were identified, and education was initiated, with the family demonstrating a need for further instruction. The patient was admitted to home health services with fair rehabilitation potential and would benefit from continued skilled nursing and physical therapy to address functional deficits and ongoing care needs. Date of Order: 04/23/2026 Order: 04/23/2026 Physician Face-to-Face Date: 03/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Pressure ulcer of sacral region stage 4 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: PT Eval Notes: Physician:					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 04/23/2026					
24. Physician's Name and Address			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.		
Jacquelyn Paylor			F2F date : 03/10/2026		
20 Mayo Rd Ste 201					
Edgewater, MD 21037					
PHONE: 410-956-6800 FAX: 1-410-956-6803 NPI: 1952795544					
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/18319	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6UH4Y67JE50		04/23/2026		From: 04/23/2026 To: 06/21/2026	
				4. Medical Record No.	
				21254	
5. Provider No.				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Jacqueline Feaster			HomeCentris Healthcare LLC		
1610 Melby Court,			10 Crossroads Drive, Suite 102		
Parkville, MD 21234-			Owings Mills, MD 21117-8284		
410-900-0171			410-321-8448		
			1487113239		
SN WK1: 1 (04/23/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26) ,WK4: 2 (05/10/26-05/16/26)				PATIENT-STATED GOAL: Family would like sacral wound to heal.	
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				GOALS	
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance				patient/caregiver recalls	
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				* depression-prevention strategies including avoidance of isolation	
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.				* healthy eating	
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.				* sleeping habits	
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				* identification of activities that bring pleasure	
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.				* preventive care	
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.				* recalls related medication(s) purpose, schedule	
Provide education content at patient's level of health literacy.				patient/caregiver recalls	
Assess/Instruct Pt/PCg: Safety measures to prevent injury.				* 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	
Assess: Musculoskeletal status.				* teach relaxation skills and diversional activities	
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				* recalls related medication(s) purpose, schedule	
Assess/Instruct Pt/PCg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.				patient/caregiver recalls	
Pt/PCg educated in pain management techniques including positioning and relaxation techniques				* prevention exacerbation of anxiety condition including coping patterns	
Instruct Pt/PCg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,				* improved concentration	
Assess/Instruct Pt/PCg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training				* strategies to reduce anxiety	
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.				* identification of anxiety precipitants, conflicts, and threats	
; 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				* recalls related medication(s) purpose, schedule	
Advance Directive:Do not resuscitate (DNR) orders				patient/caregiver recalls	
PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1720 - Anxiety, M1700 - Cognition, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, limited endurance, limited strength, muscle weakness, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, open sores/lesions, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - Wound care done.				* how to keep home safe for patient with dementia	
PROCEDURES: Wound Care Orders- Perform BID: Cleanse with 0.25% Dakins solution Apply Dakins moistened fluffed gauze Silicone Bordered Gauze, cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration				* coping strategies for the caregiver* recalls related medication(s) purpose, schedule	
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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * 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, caregiver administers and/or packages medications appropriately				patient/caregiver recalls	
PT Careplans				* 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	
				* strategies to minimize fatigue and exhaustion including work simplification	
				* energy conservation	
				* lifestyle changes	
				* diet	
				* 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 self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				caregiver administers and/or packages medications appropriately	
Signature of Physician:				Date	
				PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:				Date	
Electronically Signed by Messick, Charles RN				04/23/2026	

Home Health Certification and Plan of Care				Order ID: 1150/18319
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6UH4Y67JE50	04/23/2026	From: 04/23/2026 To: 06/21/2026	21254	217058
6. Patient's Name and Address Jacqueline Feaster 1610 Melby Court, Parkville, MD 21234- 410-900-0171		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		
PT WK2: 1 (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) ,WK8: 1 (06/07/26-06/13/26) ,WK9: 1 (06/14/26-06/20/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Interference with Therapy activities, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand PROCEDURES: Medication management : Review medication with caregivers, cough/deep breathing exercises, incentive spirometer, wheelchair training, home exercise program: Aps, QS, laq, supine heelslides, hip abduction and abduction, hip flexion, heelraises. Progress as tolerated to standing exercises, equipment training: Train pt amd family on safe mgmt of rw for transfers and ambulation, work simplification/energy conservation, gait training/stair training, transfers training: Train pt and family on safety with tech and body mechanics for sit to stand and stand pivot transfers with and without AD. 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 - 05. Setup or clean-up assistance, Sit to Stand - 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 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 - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance		PATIENT-STATED GOAL: Pt unable to state but family would like her to walk again get stronger be able to walk up amd down steps.,Pt unable to state but family would like her to walk again get stronger be able to walk up and down steps. 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 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 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 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 - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/23/2026