Home Health Certification and Plan of Care

Order ID: 1150/17808

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2YJ8RC9QX34	02/07/2026	From: 04/08/2026 To: 06/06/2026	21855	217058

6. Patient's Name and Address

Lazelle Mullings
2507 Linden Ave,
BALTIMORE, MD 21217-
667-514-3268

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 12/21/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	02/07/26

13. ICD	Other Pertinent Diagnoses	Date
L97.419	Non-prs chr ulcer of right heel and midfoot w unsp severt	02/07/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/07/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/07/26
I50.32	Chronic diastolic (congestive) heart failure	02/07/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/07/26
N18.30	Chronic kidney disease stage 3 unspecified	02/07/26
M62.552	Muscle wasting and atrophy NEC left thigh	02/07/26
I05.0	Rheumatic mitral stenosis	02/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/07/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/07/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	02/07/26
Z91.81	History of falling	02/07/26

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

Multiple Vitamin Tablet 1 Tablet by mouth once a day for supplementation
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for supplement
Bupropion Hydrochloride - Bupropion Hydrochloride 150 mg 150 mg / 1 Tablet by mouth every 12 hours for Depression
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for supplementation
Aspirin 81Mg - Aspirin 81mg; 1 Tablet by mouth once a day for CAD/PAD
Amilodipine - Amlodipine Besylate 10 mg / 1 Tablet by mouth once a day for HTN
Senna - Senna 8.6 mg ; 1 Capsule by mouth once a day Give 2 tablet for Bowel regimen
Acetaminophen Extra Strength 500 mg ; 1 Tablet by mouth as necessary every 8 hours for Pain management
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT / 1 puff inhalant once a day inhale orally for COPD RINSE MOUTH AFTER USE
Hydralazine - Hydralazine Hydrochloride 0 50 mg / 1 Tablet by mouth every 8 hours for HTN
Carvedilol - Carvedilol 25 mg 25 mg 25 mg / 1 Tablet by mouth twice a day for HTN
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Prn for pain

14. DME and Supplies:

wound care supplies, 4 wheeled walker

15. Safety Measures:

fall precautions, standard precautions, supervision at all times, walker precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low sodium

17. Allergies:

beans

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with foot ulcer, 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:

Recertification visit for a wound on the right posterior ankle indicates the need for ongoing wound care to prevent deterioration and infection, making it a taxing effort for the patient to leave the home. The patient is alert and oriented 3 and lives with family. Assessment of the wound shows a pink, flesh-colored wound bed with moderate bloody drainage; a photo was obtained, and measurements are 1.5 2.5 0.1 cm. The patient reports being active with household tasks such as cleaning and organizing, with minimal pain rated at 4/10, good sleep, and a good appetite. She denies any recent falls, reports her last bowel movement was yesterday, and has no urinary discomfort. Medications were reviewed with the patient, who demonstrated understanding of their actions and potential side effects, and no abnormal bleeding was reported. For safety, the patient resides on the first level of the home and uses a walker and cane for ambulation. She is able to perform her wound care independently and appropriately in the absence of the nurse.Top of Form<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 04/03/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/22/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 Diabetes Mellitus With Foot Ulcer
 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>
 4 - Recertification SN Notes: due to wound on the right posterior ankle<o:p></o:p> Physician: Berkenblit, Gail

SN Careplans

SN WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26) ,WK7: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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

SN Goals

PATIENT-STATED GOAL: I WANT THE WOUND ON MY FOOT TO HEAL

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Gail Berkenblit
601 N. Caroline Street
Baltimore, MD 21287
PHONE: 4109556450 FAX: 14106141515 NPI: 1841256781

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 : 01/22/2026

27. Attending Physician's Signature and Date Signed **04/14/2026**: 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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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: abnormal blood pressure, abn cholesterol > 200 mg/dL, limited endurance, limited strength, balance deficit, discolored patches of skin

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Posterior Right Heel - BEEFY RED WOUND BED: SN/PT TO CLEANSE WITH WOUND CLEANSER OR NSS; PAT DRY, APPY CALCIUM ALGINATE AG , COVER WITH 4X4 GAUZE, SECURE WITH KERLIX AND TAPE EVERY 2-3 DAYS OR AS NEEDED FOR INCREASED DRAINAGE.PATIENT IS INDEPENDENT WITH WOUND CARE., cough/deep breathing exercises

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 medicatio, * 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

* energy conservation
* lifestyle changes
* diet
* 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

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meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/03/2026