Home Health Certification and Plan of Care

Order ID: 1150/18415

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
95324444	05/01/2026	From: 05/01/2026 To: 06/29/2026	25398	217058

6. Patient's Name and Address
Avalon Thompson
4011 Glen Avenue,
BALTIMORE, MD 21215-
443-362-2519

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 11/29/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.116	Cellulitis of left lower limb	05/01/26

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	05/01/26
E11.9	Type 2 diabetes mellitus without complications	05/01/26
I48.92	Unspecified atrial flutter	05/01/26
K76.6	Portal hypertension	05/01/26
D69.6	Thrombocytopenia unspecified	05/01/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/01/26
D64.9	Anemia unspecified	05/01/26
E55.9	Vitamin D deficiency unspecified	05/01/26
E66.9	Obesity unspecified	05/01/26
Z68.35	Body mass index [BMI] 35.0-35.9 adult	05/01/26
Z79.01	Long term (current) use of anticoagulants	05/01/26
Z79.891	Long term (current) use of opiate analgesic	05/01/26

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

ATORVASTATIN 20 MG tablet by mouth daily Commonly known as: LIPITOR
FLECAINIDE ACETATE 50 MG tablet by mouth 2 times daily Commonly known as: TAMBOCOR
METOLAZONE 2.5 MG tablet by mouth weekly Commonly known as: ZAROXOLYN
PRADAXA 150 MG capsule by mouth 2 times daily Generic drug: dabigatran
ACETAMINOPHEN 325 mg/tablet / Take 2 tablets by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) or Fever
(temp in PRN comment) (for fever > 38.0 and notify physician). Commonly known as: TYLENOL
LINEZOLID 600 mg / 1 Tablet by mouth 2 times daily for 5 days Commonly known as: ZYVOX
OXYCODONE 5 mg immediate release / 1 Tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain) For diagnoses: Cellulitis of left leg, Atrial flutter, paroxysmal (CMS/HHS-HCC), Edema
leg. Commonly known as: ROXICODONE
Metoprolol Succinate - Metoprolol Succinate ER 25 mg / 1 Tablet by mouth daily Commonly known as: TOPROL XL
Klor-Con - Potassium Chloride 20 MEQ packet by mouth once
TORSEMIDE 20 mg/tablet / Take 40 mg by mouth daily Commonly known as: DEMADEX
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) Caps / Take 1,000 Int'l Units by mouth once a day

14. DME and Supplies:
wound care supplies,

15. Safety Measures:
bathroom safety, supervision at all times, standard precautions, , , bleeding precautions, fall precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
low cholesterol, low sodium, cardiac diet

17. Allergies:
cats dust grass penicillin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: No

20. Prognosis: good

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis of left lower limb, 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) visit completed, and all consents were reviewed and signed by the patient. The patient has a past medical history significant for hyperlipidemia, portal hypertension, congestive heart failure, diabetes mellitus, paroxysmal atrial fibrillation, thrombocytopenia, obesity, and an open wound to the left lower extremity requiring ongoing skilled wound management. Patient resides at home with her husband, Kevin, who serves as her primary caregiver. Patient was alert and oriented 4 during the visit. She ambulates with an assistive device but demonstrates ambulatory difficulty requiring one-person assistance and supervision for safety and fall prevention, making leaving the home a taxing effort and supporting homebound status. A physical therapy evaluation will be requested via verbal order to further assess gait, balance, strength, and mobility deficits. Skilled wound care was performed for management of the open wound to the left lower extremity. Wound care orders include iodoform gauze packing and twice-daily wet-to-dry dressing changes due to concerns for possible infection and inflammation, as evidenced by surrounding erythema. Dressing change was completed using aseptic technique without complications. Wound measurements obtained during the visit measured 7.5 cm 5 cm 0.5 cm. The wound bed appeared red with moderate drainage noted on the removed dressing. No active bleeding was observed. Patient's husband was present during the visit for instruction and demonstration of wound care procedures. Education was provided regarding proper wound cleansing, packing technique, dressing application, hand hygiene, infection prevention, and signs and symptoms of worsening infection requiring immediate medical attention. Caregiver was instructed that return demonstration of wound packing and dressing changes will be required at the next skilled nursing visit to assess competency and ensure safe wound management in the home setting. Caregiver verbalized concern and discomfort regarding performing wound care independently. Patient reported pain level of 5/10 involving the affected left lower extremity, described as intermittent shooting pain radiating up the leg. Patient stated the last dose of oxycodone was administered the previous night shortly before midnight. Education was provided regarding medication compliance, pain management strategies, and anti-inflammatory measures to assist with reduction of redness and inflammation present in the left lower extremity following injury. Patient reported last bowel movement occurred yesterday, and positive bowel sounds were noted during assessment. Appetite was reported as adequate. Patient denied nausea, vomiting, urinary discomfort, cough, or abnormal bleeding. Lung sounds were clear to auscultation bilaterally. Patient reported development of a sore throat following oxygen administration during a procedure the previous day and denied sore throat symptoms prior to that procedure. Education was provided regarding hydration and maintaining adequate fluid intake to prevent dehydration and support wound healing. Plan of care, medications, wound management instructions, and follow-up recommendations were reviewed with the patient, who verbalized understanding. Patient is scheduled for follow-up at KP on 05/07/2026. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> are planned at a frequency of 1 visit for 1 week, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> weekly for 3 weeks, then weekly <mh class="chrome-extension-FindManyStrings

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

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 : 04/29/2026

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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chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> for the remainder of the certification period. Skilled nursing services remain medically necessary for wound assessment and management, infection prevention, pain assessment, medication management, cardiopulmonary monitoring, patient and caregiver education, and ongoing evaluation of caregiver competency with wound care procedures.
 Date of Order 05/01/2026 Orders Physician Face-to-Face Date: 04/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-wound mangement due to Cellulitis of left lower limb 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
 Physician Varghese, Sherin

SN Careplans

SN WK1: 1 (05/01/26-05/02/26) ,WK2: 2 (05/03/26-05/09/26) ,WK3: 2 (05/10/26-05/16/26) ,WK4: 2 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26) ,WK7: 1 (06/07/26-06/13/26) ,WK8: 1 (06/14/26-06/20/26) ,WK9: 1 (06/21/26-06/27/26)

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: 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.

wound care: management of an open wound of the left lower extremity requiring skilled wound care, including iodoform gauze packing and twice-daily wet-to-dry dressing changes, with surrounding erythema concerning for possible infection/inflammation
Advance Directive:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, swelling of affected area, limited endurance, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, pain radiating to arms/legs, difficulty sleeping, obesity, #1 - Open Wound - Anterior Left Below Knee - Red wound with inflammation to surrounding skin noted, red/tender pressure points, swell/redness surround. skin, bleeding/discharge at site

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Anterior Left Below Knee - Red wound with inflammation to surrounding skin noted, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: yet Kaiser patient wound care: management of an open wound of the left lower extremity requiring skilled wound care, including iodoform gauze packing and twice-daily wet-to-dry dressing changes, with surrounding erythema concerning for possible infection/inflammation, physician-ordered wound care: wound care: management of an open wound of the left lower extremity requiring skilled wound care, including iodoform gauze packing and twice-daily wet-to-dry dressing changes, with surrounding

SN Goals

PATIENT-STATED GOAL: Return to work

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/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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/01/2026

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erythema concerning for possible infection/inflammation, glucose testing via monitor: Diet controlled, glucose testing via monitor: Diet controlled, monitor intake & output, coordinate/arrange for adequate patient supervision, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/01/2026