Home Health Certification and Plan of Care

Order ID: 1150/18885

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32740437	03/26/2026	From: 05/25/2026 To: 07/23/2026	23798	217058

6. Patient's Name and Address
Catherine Merritt
3107 Chelsea Terrace,
Baltimore, MD 21216-
717-634-6724

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 01/12/1929 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.151	Pressure ulcer of sacral region stage 1	03/26/26

13. ICD	Other Pertinent Diagnoses	Date
M84.475D	Pathological fracture left foot subs for fx w routn heal	03/26/26
M17.0	Bilateral primary osteoarthritis of knee	03/26/26
I10.	Essential (primary) hypertension	03/26/26
F41.1	Generalized anxiety disorder	03/26/26
G30.1	Alzheimer's disease with late onset	03/26/26
F02.B0	Dem in other dis classd elswhr mod w/o beh/psych/mood/anx	03/26/26
K59.01	Slow transit constipation	03/26/26

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

DOXEPIN HYDROCHLORIDE 50 mg / 1 Capsule by mouth once a day AT BEDTIME
Benazepril Hydrochloride - Benazepril Hydrochloride 40 mg / 1 Tablet by mouth once a day
Tylenol - Acetaminophen 500mg/1 tab by mouth twice a day 1 to 2 tabs pending pain level
Buspirone Hcl - Buspirone Hydrochloride 15mg by mouth twice a day
DESITIN 40 % topical as directed Externally 2 x day, or if area gets soiled as barrier cream

14. DME and Supplies:
wound care supplies, wheelchair, rolling walker, hospital bed

15. Safety Measures:
transfer with assist, standard precautions, supervision at all times, wheelchair precautions, no bp left arm, medication safety, infectious material management, fall precautions, bedrails up while in bed, activity supervision, ambulates with device, ambulates with assistance, aspiration precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Hearing

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

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 4. Constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Pressure ulcer of sacral region stage 1, 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 homebound due to dementia, left breast cancer with an associated wound, and impaired mobility requiring assistance from family members and the use of a wheelchair to safely leave the home. The patient is alert and oriented to self and place, with stable vital signs and no complaints or signs of shortness of breath while remaining on room air. Lung sounds are clear but diminished bilaterally. Positive bowel sounds are present in all four quadrants, with the patient reporting bowel movements daily or every other day and adequate urination without concerns. Caregivers are repositioning the patient frequently. Education and discussion were provided to the family regarding increasing out-of-bed activity, as family members reported the patient remains in bed frequently due to fear of falling and anxiety. Reinforcement was provided regarding the importance of mobility, turning, and repositioning every two hours to prevent skin breakdown and further deconditioning. The previous buttock wound has healed, though mild redness remains present. Family was re-educated on the application of Desitin or Calmoseptine and maintaining the buttock area clean and dry to prevent recurrence of skin breakdown. A dry red patch was also noted in the right groin area, with Desitin currently being applied. The patient continues to require close monitoring for skin integrity and prevention of pressure injuries and is currently awaiting authorization for physical therapy services.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN wound care monitoring, medication management, and pain assessment, OT eval and treat DX: Pressure ulcer of sacral region stage 1
 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: require close monitoring for skin integrity and prevention of pressure injuries<o:p></o:p> Physician: Fomitcheva, Valeria

SN Careplans

SN WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 5. Decline in mental, emotional, or behavioral status 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; 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

SN Goals

PATIENT-STATED GOAL: Per categiver, I want mom to be able to go down stairs.

GOALS
caregiver performs medical/rehabilitation treatments with adequate competence

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Valeria Fomitcheva
821 N. Eutaw St
Baltimore, MD 21201
PHONE: 4105231404 FAX: 18777511761 NPI: 1972165405

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 : 03/11/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18885

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32740437	03/26/2026	From: 05/25/2026 To: 07/23/2026	23798	217058

6. Patient's Name and Address
Catherine Merritt
3107 Chelsea Terrace,
Baltimore, MD 21216-
717-634-6724

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/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:Daughters are durable power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, abnormal blood pressure, constipation, swelling of affected area, pain radiating to arms/legs, red/tender pressure points, #1 - Open Wound - Posterior Sacrum - Covered with foam bandage, caregiver applying desitin

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Posterior Sacrum - Covered with foam bandage, caregiver applying desitin, MEDICATION REVIEW: Medications reviewed with patienr/caregiver. , Air boot to left foot when out of bed.: Patient can bear weight with new ankle brace on to left lower extremity, based on verbal description from patients caregiver , Use ankle brace on left lower extremity when out of bed.: Information given by caregiver from ortho doctor, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Apply calmosphere to pressure ulcer stage 1 to buttock , physician-ordered wound care: clinician will describe procedure at time of visits, physician-ordered wound care: clinician will describe procedure at time of visits, bladder training, home exercise program: clinician will describe procedure at time of visits

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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient home enviroment has adequate fire safety devices, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, MEDICATION REVIEW

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

MEDICATION REVIEW

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient home enviroment has adequate fire safety devices

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's transportation needs are met

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
05/20/2026