

Home Health Certification and Plan of Care					Order ID: 1150/18066
1. Patient's HI claim No. 2G78WP3QJ43		2. Start Of Care Date 04/17/2026		3. Certification Period From: 04/17/2026 To: 06/15/2026	
				4. Medical Record No. 25020	
				5. Provider No. 217058	
6. Patient's Name and Address Jean Reese 5525 Plainfield Avenue, BALTIMORE, MD 21206- 443-286-1962			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 08/25/1950			9. Sex Female		
11. ICD L02.214	Principal Diagnosis Cutaneous abscess of groin	Date 04/17/26	10. Medications: Dose/Frequency/Route (N)ew (C)hanged Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for hyperlipidemia ELIQUIS 5 mg / 1 Tablet by mouth twice a day for to prevent DVT Calcium Citrate 250 mg/tablet / Give 2 tablet by mouth once a day for SUPPLEMENT Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytanadione: Pyridoxine: Ribo 1 Tablet by mouth one time a day for vitamin supplement Cholecalciferol 50 mcg by mouth once a day for supplement CYANOCOBALAMIN Solution 1000 MCG/ML / Inject 1 mL intramuscular one time a day every 30 day(s) for supplement DIGOXIN 125 mcg / 1 Tablet by mouth one time a day for CHF hold for HR rate less than 60 Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 40 mg / 1 Capsule by mouth one time a day for depression GABAPENTIN 100 mg / 1 Capsule by mouth two times a day for neuropathy pain Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg / 1 Tablet by mouth one time a day for anxiety LPS Super Free Oral Liquid 30 ml by mouth two times a day for additional protein to aid in wound healing MAGNESIUM 400 mg by mouth one time a day for SUPPLEMENT Senna S - Senna 8.6 mg/tablet / Give 2 tablet by mouth every 12 hours as needed to promote BM Miralax - Polyethylene Glycol 3350 Powder 17 GM/SCOOP / Give 1 scoop by mouth every 12 hours as needed for Bowel Regimen Dissolve in 8oz of water; hold for loose stools Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for Pain Moderate to Severe Pain Tylenol Arthritis - Acetaminophen ER 650 mg by mouth every 12 hours for pain Sucralfate - Sucralfate 1 gm / 1 Tablet by mouth three times a day for gastric protection give 1 hour before meals Tums - Simethicone Chewable 500 mg / 1 Tablet by mouth every 8 hours as needed for GERD Santyl - Collagenase External Ointment 250 UNIT/GM / Apply to right/left buttocks topical as necessary for soilage Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day 1 tab daily for GERD Amlodipine Besylate - Amlodipine Besylate eq 2.5 mg base 1 by mouth once a day 1 tab daily for blood pressure control Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth once a day 1 tab daily for potassium repletion		
13. ICD I48.91 E11.9 I10. F41.9 E78.5 M81.0 M19.90 E66.813 Z68.34 Z85.43 Z79.01 Z79.891 Z86.19 Z87.440 Z91.81	Other Pertinent Diagnoses Unspecified atrial fibrillation Type 2 diabetes mellitus without complications Essential (primary) hypertension Anxiety disorder unspecified Hyperlipidemia unspecified Age-related osteoporosis w/o current pathological fracture Unspecified osteoarthritis unspecified site Other obesity Body mass index [BMI] 34.0-34.9 adult Personal history of malignant neoplasm of ovary Long term (current) use of anticoagulants Long term (current) use of opiate analgesic Personal history of other infectious and parasitic diseases Personal history of urinary (tract) infections History of falling	Date 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26 04/17/26			
14. DME and Supplies: wheelchair, rolling walker, walker, commode, wound care supplies, hospital bed, 4 wheeled walker			15. Safety Measures: wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, smoke detectors , medication safety, emergency phone # clearly displayed, bedrails up while in bed, ambulates with assistance, transfer with assist, supervision at all times, bathroom safety, anticoagulant precautions, activity supervision		
16. Nutrition: diabetic, high protein			17. Allergies: percocet		
18.A. Functional Limitations Hearing, Ambulation, Bowel/Bladder Incontinence, Endurance			18.B. Activities Permitted Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair		
19. Mental & Psychosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, 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: No					
20. Prognosis: fair					
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 family/caregiver will be responsible for managing treatment		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/17/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Asima Rahman 1447 York Rd Lutherville, MD 21093 PHONE: 4103913700 FAX: 14103914355 NPI: 1043537939			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 : 03/30/2026		
27. Attending Physician's Signature and Date Signed 04/27/2026 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. PAGE 1 of 3		

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6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number		
Jean Reese 5525 Plainfield Avenue, BALTIMORE, MD 21206- 443-286-1962				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
Homebound status: Due to diagnosis of Cutaneous abscess of groin, 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 75-year-old female admitted to home health services following emergency room evaluation for a fall sustained in her bathroom. The patient reported that she was walking backward when she began to feel weak and unwell, attempted to lower herself to the floor, and subsequently fell onto her right side. She denied loss of consciousness and acute pain at the time of assessment but endorsed intermittent right-sided discomfort and generalized weakness with impaired mobility. Her past medical history is significant for diabetes mellitus, hypertension, atrial fibrillation, and osteoporosis. The patient resides in a single-family home with her 89-year-old spouse. On assessment, the patient demonstrates significant functional decline characterized by generalized weakness, unsteady gait, poor endurance, and limited mobility. She ambulates short distances of approximately 20 feet using a walker with contact guard assistance and fatigues easily, requiring frequent rest periods. She also presents with essential tremors exacerbated by anxiety, joint deformities affecting gait and balance, poor hand dexterity, and a history of recurrent falls. Transfers from supine to sitting and sit-to-stand require assistance, and the patient is notably slow with positional changes. She is able to transfer to a commode with assistance; however, due to delayed mobility, she experiences episodes of urinary incontinence prior to completing transfers. The patient does not utilize incontinence briefs due to inability to independently don and doff them. Vital signs at the time of visit were stable: blood pressure 120/72 mmHg, heart rate 80 bpm, and temperature 97.7F. Skin assessment revealed multiple areas of concern. The patient has a mons pubis wound previously managed with negative pressure wound therapy; however, the wound is now too shallow to continue wound VAC therapy. Currently, the wound is being managed with daily wet-to-dry dressings, with assistance from a friend for dressing changes. Photographs of the wound have been obtained. The registered nurse contacted Dr. Sunny Leah Fink to clarify and update wound care orders and recommended consideration of calcium alginate dressing changes every other day. Additionally, the patient presents with moisture-associated skin damage and excoriation beneath the abdominal pannus bilaterally and under the right breast, consistent with a fungal infection, for which she is applying nystatin powder as prescribed. A previously documented stage 3 sacral pressure injury has improved and is now classified as a stage 1 pressure injury. The patient was educated on frequent repositioning, pressure relief, and application of barrier cream to the buttocks multiple times daily to prevent further skin breakdown. Overall, the patient is homebound due to significant functional limitations, requiring assistive devices and caregiver support for mobility and activities of daily living. She demonstrates deficits in strength, balance, endurance, and safety awareness, placing her at high risk for falls and further injury. Skilled nursing services are indicated for ongoing wound assessment and management, coordination of care with the physician, and reinforcement of skin care and infection prevention strategies. Continued therapy services are recommended to address mobility limitations, improve strength and endurance, enhance functional independence, and reduce fall risk. The plan of care includes close monitoring of wound healing, implementation of appropriate dressing changes pending physician orders, patient and caregiver education, and progression of mobility and safety interventions. Date of Order 04/17/2026 Orders Physician Face-to-Face Date: 03/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Cutaneous abscess of groin 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 PT Eval Notes: OT Eval Notes: Physician Rahman, Asima						
SN Careplans				SN Goals		
SN WK1: 1 (04/17/26-04/18/26) ,WK2: 2 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26)				PATIENT-STATED GOAL: Patient states she wants to have her abdominal wound heal and be able to walk to and from the living room safely.		
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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* prevention exacerbation of anxiety condition including coping patterns		
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				* improved concentration		
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)				* strategies to reduce anxiety		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, D0700 - Social Isolation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, frequent urination, limited endurance, limited range of motion, muscle weakness, poor muscle tone, limited strength, daytime fatigue, B0200 - Hearing Deficit, weak hand grips, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, itchy skin, #1 - Other - Other - Mons Pubis Region -				* identification of anxiety precipitants, conflicts, and threats		
PROCEDURES: physician-ordered wound care: #1 - Other - Other - Mons Pubis Region -: Provide wound care to mons pubis every other day. Cleanse wound with normal saline using aseptic technique. Pat dry surrounding skin. Apply calcium alginate dressing to wound bed. Cover with sterile gauze. Secure with tape. Nursing Instructions: Perform hand hygiene and use appropriate PPE before and after procedure. Assess wound for size, drainage, odor, and signs of infection at each dressing change. Document wound appearance, patient tolerance, and care provided. Report increased pain, redness, swelling, purulent drainage, or foul odor to provider promptly., cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Procedure: Cleanse affected skin folds gently with mild soap and water or normal saline. Pat skin completely dry, ensuring all moisture is removed from folds. Apply Nystatin powder lightly to affected areas. Apply barrier cream to surrounding skin to protect from moisture twice daily and as needed for moisture. Nursing Instructions: Keep skin folds clean and dry at all times. Use moisture-wicking materials or gauze to separate skin folds if needed. Assess for redness, breakdown, drainage, odor, or worsening rash each shift. Encourage proper hygiene and airflow to affected areas. Document skin condition, treatment provided, and patient response. Notify provider if no improvement or if condition worsens., glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for				* recalls related medication(s) purpose, schedule		
Signature of Physician:				patient/caregiver recalls		
Date				* prevention exacerbation of anxiety condition including coping patterns		
PAGE 2 of 3				* improved concentration		
Optional Name/Signature of Nurse/Therapist:				* strategies to reduce anxiety		
Electronically Signed by Messick, Charles RN				* identification of anxiety precipitants, conflicts, and threats		
Date				* recalls related medication(s) purpose, schedule		
04/17/2026				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 keep home safe for patient with dementia		
				* coping strategies for the caregiver* recalls related medication(s) purpose, schedule		
				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		

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hearing impaired, i.e. alarms	
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, * 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	* record wound measurements * 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 * 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 patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans	PT Goals
PT WK2: 2 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26)	PATIENT-STATED GOAL: to walk better
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns	GOALS Chair to Bed to Chair - 06. Independent Sit to Stand - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance Car Transfer - 06. Independent Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance
PROCEDURES: home exercise program: heel slides, hip abduction, ankle pumps, glut sets, short arc quads, straight leg raises, leg extensions sitting, marching sitting, heel toe raises sitting, equipment training: Rollator and Rolling walker, BSC, Hospital bed, work simplification/energy conservation, gait training/stair training: Gait training patient has a ramp to the outside, transfers training	
TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/17/2026