

Home Health Certification and Plan of Care				Order ID: 1150/19222	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2YJ8RC9QX34		02/07/2026		From: 06/07/2026 To: 08/05/2026	
				4. Medical Record No.	
				21855	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Lazelle Mullings 2507 Linden Ave, BALTIMORE, MD 21217- 667-514-3268			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/21/1948			Female		
11. ICD			Date		
E11.621			02/07/26		
Principal Diagnosis			Type 2 diabetes mellitus with foot ulcer		
13. ICD			Date		
L97.419			02/07/26		
E11.51			02/07/26		
Other Pertinent Diagnoses			Non-prs chr ulcer of right heel and midfoot w unsp severt		
I13.0			02/07/26		
I50.32			02/07/26		
E11.22			02/07/26		
N18.30			02/07/26		
M62.552			02/07/26		
I05.0			02/07/26		
I25.10			02/07/26		
J44.9			02/07/26		
Z85.118			02/07/26		
Z91.81			02/07/26		
History of falling					
14. DME and Supplies:			15. Safety Measures:		
4 wheeled walker			fall precautions, standard precautions, walker precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
regular,			beans		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance			Walker, Up As Tolerated		
19. Mental & Psychosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			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: <p class="MsoNoSpacing">Patient seen for recertification related to ongoing wound care needs for a right posterior ankle wound requiring skilled nursing intervention to prevent worsening of the wound and infection, making leaving the home a taxing effort. Patient is alert and oriented 3 and lives with family. Assessment revealed a right posterior lower ankle wound measuring 2.9 cm x 2.5 cm with a pink, flesh-colored wound bed and mild swelling noted. Patient reports tenderness to palpation that has improved, minimal pain rated at 3/10, and occasional bleeding down the foot with increased ambulation activity. Minimal drainage was reported while the wound was open to air, with no active drainage or odor noted during the visit. Wound improvement is evident, and the patient independently performs wound care appropriately in the absence of nursing. Patient ambulates with a rollator and cane, remains primarily on the first floor for safety, but is able to access the upstairs shower as needed. No falls, abnormal bleeding, or urinary discomfort were reported. Last bowel movement was yesterday. Patient reports sleeping well and variable appetite. Medications were reviewed with the patient, including actions and potential side effects, with no medication changes reported. Skilled nursing services remain medically necessary for continued wound assessment, wound care management, infection prevention, medication education, and monitoring of healing progress with the goal of complete wound resolution.</p><p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">06/03/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing"> 4 - Recertification SN Notes: due to wound to lower right posterior ankle area<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Berkenblit, Gail</p>					
SN Careplans			SN Goals		
SN WK1: 1 (06/07/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 1 (07/19/26-07/25/26)			PATIENT-STATED GOAL: I WANT THE WOUND ON MY FOOT 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: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 9. Other risk(s) not listed in 1- 8			* how to achieve wound healing including cleaning and dressing wound		
			* position changes		
			* skin care		
			* diet modification		
			* preventing pressure ulcer recurrence		
			* record wound measurements		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* lifestyle modifications to manage respiratory condition including		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 06/03/2026					
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.		
Gail Berkenblit			F2F date : 01/22/2026		
601 N. Caroline Street					
Baltimore, MD 21287					
PHONE: 4109556450 FAX: 14106141515 NPI: 1841256781					
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.		
			PAGE 1 of 2		

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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 Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema PROCEDURES: physician-ordered wound care: #1 - Open Wound - Posterior Right Heel - BEEFY RED WOUND BED: SN/PT TO CLEANSER 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * how to minimize hair loss cope with related stress, 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		* diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medicatio patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * 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 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 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 * how to minimize hair loss * cope with related stress * recalls related medication(s) purpose, schedule		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/03/2026