Home Health Certification and Plan of Care

Order ID: 1150/19666

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
131023412	06/10/2026	From: 06/10/2026 To: 08/08/2026	26758	217058

6. Patient's Name and Address
Elaine Pinkham
3010 N Ridge Road C508,
Ellicott City, MD 21043-
443-833-4521

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 08/18/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.9	Type 2 diabetes mellitus without complications	06/10/26

13. ICD	Other Pertinent Diagnoses	Date
E03.8	Other specified hypothyroidism	06/10/26
I11.0	Hypertensive heart disease with heart failure	06/10/26
I50.32	Chronic diastolic (congestive) heart failure	06/10/26
I48.19	Other persistent atrial fibrillation	06/10/26
I89.0	Lymphedema not elsewhere classified	06/10/26
E78.49	Other hyperlipidemia	06/10/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/10/26
M62.59	Muscle wasting and atrophy NEC multiple sites	06/10/26
E66.01	Morbid (severe) obesity due to excess calories	06/10/26
Z87.440	Personal history of urinary (tract) infections	06/10/26
Z95.0	Presence of cardiac pacemaker	06/10/26

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

Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 IU; 1 TAB by mouth once a day SUPPLEMENT
Furosemide - Furosemide 40 mg 40 mg / 1 Tablet by mouth once a day for BLE
Hydrocodone - Acetaminophen: Hydrocodone Bitartrate 7.5MG; 1 TAB by mouth every 6 hours AS NEEDED FOR PAIN
Klor-Con M10 - Potassium Chloride 10meq 10 MEQ; 1 TAB by mouth once a day SUPPLEMENT
Lisinopril - Lisinopril 2.5 mg 2.5 mg / 1 Tablet by mouth once a day for HTN
Diltiazem Hydrochloride - Diltiazem Hydrochloride 180 mg ER 180 mg tablet by mouth once a day for HTN
Ezetimibe - Ezetimibe 10 mg / 1 Tablet by mouth once a day for LDL
Synthroid - Levothyroxine Sodium 0.175 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 175 mcg / 1 Tablet by mouth once a day for hypothyroidism
1 TAB MON-FRI
2 TABS SAT AND SUN
Metformin Hcl - Metformin Hydrochloride ER 500 mg / 1 Tablet by mouth once a day for Diabetes
Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 2 mg base 2 mg / 1 Tablet by mouth at bedtime for Parkinson

14. DME and Supplies:
wheelchair, rolling walker, diabetic supplies, bath bench, hoyer lift, walker, wound care supplies, hospital bed, cane

15. Safety Measures:
wheelchair precautions, standard precautions, fall precautions, diabetic precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
Penicillin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Transfer bed/Chair, Up As Tolerated, Cane, Walker, Exercises Prescribed, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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

Homebound status:
Due to diagnosis of Type 2 diabetes mellitus without complications, 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 78-year-old female recently discharged from a skilled nursing facility following hospitalization and rehabilitation for a left lower extremity wound resulting from a hematoma and subsequent infection, which required intravenous antibiotics, surgical debridement, and wound VAC therapy. Her past medical history is significant for morbid obesity, atrial fibrillation status post pacemaker placement, diastolic heart failure, hypertension, obstructive sleep apnea managed with CPAP, type 2 diabetes mellitus, hypothyroidism, bilateral lower extremity lymphedema, and bilateral knee osteoarthritis. The patient resides with her spouse in a senior living community and receives additional caregiver assistance through Visiting Angels for four hours daily. Upon assessment, she was alert and oriented, denied pain, and reported shortness of breath with moderate exertion. Physical assessment revealed diminished bilateral lower lung sounds, bilateral lower extremity lymphedema, a healing left lower leg wound currently being treated with calcium alginate dressings, generalized weakness, impaired balance, decreased endurance, difficulty lifting her legs, reduced standing tolerance, and limited functional mobility. She requires minimal assistance with transfers, utilizes a walker and wheelchair for mobility, and requires assistance with activities of daily living and instrumental activities of daily living. Her spouse manages medications and is able to perform wound care as instructed. Skilled nursing services are medically necessary for wound assessment and management, medication review, cardiopulmonary monitoring, and education regarding skin integrity and disease management. Skilled physical and occupational therapy services are also indicated to address strength deficits, balance impairment, gait dysfunction, transfer training, endurance limitations, standing tolerance, upper extremity strengthening, fall prevention, and functional mobility in order to maximize safety, independence, and reduce the risk of rehospitalization.<o:p></o:p>   Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ayah Taniform
14200 Laurel Park Dr
Laurel, MD 20707
PHONE: 2406462242 FAX: 18557255935 NPI: 1134598055

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 : 06/01/2026

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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Elaine Pinkham 3010 N Ridge Road C508, Ellicott City, MD 21043- 443-833-4521	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 06/01/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Type 2 diabetes mellitus without complications<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> 1 - SOC - SN Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">OT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Taniform, Ayah

SN Careplans

SN WK1: 1 (06/10/26-06/13/26) ,WK2: 2 (06/14/26-06/20/26) ,WK3: 2 (06/21/26-06/27/26) ,WK4: 2 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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 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 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,

SN Goals

PATIENT-STATED GOAL: I WANT WOUND TO HEAL

GOALS
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 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/10/2026

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meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, lung sounds not clear, dependent edema, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, obesity, rough/scaly/cracked skin, swell/redness surround. skin, #1 - Open Wound - Other - LEFT LEG - BEEFY RED WOUND CARE

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - LEFT LEG - BEEFY RED WOUND CARE: SN/CG TO CLEANSE LEG LEG WOUND WITH NSS OR WOUND CLEANSER; APPLY CA ALGINATE, COVER WITH BORDERED GAUZE, DAILY. ***SN TO CONTINUE TO ASSESS APPROPRIATENESS OF FREQ. MAY NEED TO CHANGE, physician-ordered wound care: #1 - Open Wound - Other - LEFT LEG - BEEFY RED WOUND CARE: SN/CG TO CLEANSE LEG LEG WOUND WITH NSS OR WOUND CLEANSER; APPLY CA ALGINATE, COVER WITH BORDERED GAUZE, DAILY., physician-ordered wound care: #1 - Open Wound - Other - LEFT LEG - BEEFY RED WOUND CARE: SN/CG TO CLEANSE LEG LEG WOUND WITH NSS OR WOUND CLEANSER; APPLY CA ALGINATE, COVER WITH BORDERED GAUZE, DAILY., 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 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, * 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

PT Careplans

PT WK1: 1 (06/10/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK4: 1 (06/28/26-07/04/26) ,WK6: 1 (07/12/26-07/18/26) ,WK8: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: to have my wound healed

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body

OT Goals

PATIENT-STATED GOAL: ablt to use a regular toilet

GOALS
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 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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Dressing - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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