Home Health Certification and Plan of Care

Order ID: 1150/19910

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2G78WP3QJ43	04/17/2026	From: 06/16/2026 To: 08/14/2026	25020	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	Principal Diagnosis	Date
L02.214	Cutaneous abscess of groin	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	04/17/26
E11.9	Type 2 diabetes mellitus without complications	04/17/26
I10.	Essential (primary) hypertension	04/17/26
F41.9	Anxiety disorder unspecified	04/17/26
E78.5	Hyperlipidemia unspecified	04/17/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/17/26
M19.90	Unspecified osteoarthritis unspecified site	04/17/26
E66.813	Other obesity	04/17/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	04/17/26
Z85.43	Personal history of malignant neoplasm of ovary	04/17/26
Z79.01	Long term (current) use of anticoagulants	04/17/26
Z79.891	Long term (current) use of opiate analgesic	04/17/26
Z86.19	Personal history of other infectious and parasitic diseases	04/17/26
Z87.440	Personal history of urinary (tract) infections	04/17/26
Z91.81	History of falling	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: Phytonadione: Pyridoxine: Ribo 1 Tablet by mouth one time a day for vitamin supplement
Cholecalciferol 50 mcg by mouth once a day 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
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
CYANOCOBALAMIN Solution 1000 MCG/ML / Inject 1 mL intramuscular one time a day every 30 day(s) for supplement
Santyl - Collagenase External Ointment 250 UNIT/GM / Apply to right/left buttocks topical as necessary for soilage

14. DME and Supplies:

wheelchair, rolling walker, hospital bed, grab bars, commode, , bath bench

15. Safety Measures:

transfer with assist, walker precautions, , standard precautions, fall precautions, ambulates with device, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

percocet

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , 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 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/15/2026

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 : 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: 1150/19910

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2G78WP3QJ43	04/17/2026	From: 06/16/2026 To: 08/14/2026	25020	217058

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

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 06/15/2026 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
 4 - Recertification Notes: Patient has good potential to benefit from further skilled therapeutic Intervention.
 Physician Rahman, Asima

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26) 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: See Ot assessment HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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, 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	PATIENT-STATED GOAL: To walk more in her home get stronger;To walk more in her home get stronger;To walk more in her home get stronger;To walk more in her home get stronger GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Sit to Stand - 06. Independent 1 - Step (curb) - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent Picking Up Object - 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 Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/15/2026

Home Health Certification and Plan of Care

Order ID: 1150/19910

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2G78WP3QJ43	04/17/2026	From: 06/16/2026 To: 08/14/2026	25020	217058

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

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1033 - Exhaustion, limited strength, limited endurance, muscle weakness, weak hand grips, balance deficit, obesity

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, gait training on uneven surfaces, gait training/stair training: Gait training patient has a ramp to the outside, transfers training

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 04. Supervision or touching assistance, 1 - Step (curb) - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (06/16/26-06/20/26) ,WK3: 1 (06/28/26-07/04/26) ,WK5: 1 (07/12/26-07/18/26) ,WK7: 1 (07/26/26-08/01/26) ,WK9: 1 (08/09/26-08/14/26)

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

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, incentive spirometer, home exercise program: Bilateral UE strengthening of anterior deltoid, pectoral, triceps and biceps muscles, equipment training, work simplification/energy conservation, transfers training: Skilled OT 1x6wks, assist with bathing: Skilled OT 1x6wks, assist with toilet transferring: Skilled OT 1x6wks, assist with grooming: Skilled OT 1x6wks, assist with lower body dressing: Skilled OT 1x6wks, assist with upper body dressing: Skilled OT 1x6wks

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal 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, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Get in the shower

GOALS
Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/15/2026