Home Health Certification and Plan of Care

Order ID: 1150/19999

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37072057	06/21/2026	From: 06/21/2026 To: 08/19/2026	27185	217058

6. Patient's Name and Address

Frances Sprouse
8016 Grayhaven Road,
Dundalk, MD 21222-
443-764-3016

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 09/11/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	06/21/26

13. ICD	Other Pertinent Diagnoses	Date
K86.2	Cyst of pancreas	06/21/26
I26.99	Other pulmonary embolism without acute cor pulmonale	06/21/26
I10.	Essential (primary) hypertension	06/21/26
D51.0	Vitamin B12 defic anemia due to intrinsic factor deficiency	06/21/26
S52.021D	Disp fx of olecran pro w/o intartic extn r ulna 7thD	06/21/26
S52.501D	Unsp fx the lower end r rad subs for clos fx w routn heal	06/21/26
S92.101D	Unsp fracture of right talus subs for fx w routn heal	06/21/26
S52.611D	Disp fx of r ulna styloid pro subs for clos fx w routn heal	06/21/26
D50.9	Iron deficiency anemia unspecified	06/21/26
E78.5	Hyperlipidemia unspecified	06/21/26
E03.9	Hypothyroidism unspecified	06/21/26
I95.9	Hypotension unspecified	06/21/26
I25.2	Old myocardial infarction	06/21/26
E53.8	Deficiency of other specified B group vitamins	06/21/26
R13.10	Dysphagia unspecified	06/21/26
D69.6	Thrombocytopenia unspecified	06/21/26
F10.10	Alcohol abuse uncomplicated	06/21/26
Z79.4	Long term (current) use of insulin	06/21/26
Z79.01	Long term (current) use of anticoagulants	06/21/26
Z85.831	Personal history of malignant neoplasm of soft tissue	06/21/26
Z90.12	Acquired absence of left breast and nipple	06/21/26
Z91.81	History of falling	06/21/26

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

Calcium Carbonate 648 MG by mouth once a day With breakfast. Admin Instructions: Calcium carbonate 648 mg = 260 mg elemental calcium
Tylenol - Acetaminophen 650 mg by mouth as necessary Every 6 hours. PRN Reasons: Mild pain (1-3). May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for >3 pain score., Moderate pain (4-6). May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for > 6 pain score., Temperature > 38.5 (101.3 F)
Robitussin - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100 mg/5 ml Liquid / Take 10 mL by mouth as necessary Every 4 hours. PRN Reason: Congestion
Phenol (Chloraseptic) spray 1 spray by mouth as necessary Once. PRN Reason: Irritation, sore throat
Multivitamin with minerals 1 Tablet by mouth once a day
Glucagen - Glucagon Hydrochloride Recombinant Injection 1 mg intramuscular as necessary Once. PRN Comment: Hypoglycemia management Admin Instructions: Administer for blood glucose < = 70 mg/dl if patient has no functional IV and cannot take oral carbs.
SYNTHROID 88 mcg OG tube Daily
NORVASC 10 MG mg Oral Daily
LIPITOR 40 MG mg Oral Nightly
COZAAR 100 MG mg Oral Daily
TOPROL-XL 100 mg Oral Nightly Admin Instructions: Hold for SBP < 90, MAP < 65, HR < 60 Do not crush or chew.
MIRALAX 17 g Oral Daily Admin Instructions: Must be diluted prior to use.
SENOKOT 8.6 mg/tablett / Take 2 tablets Oral Nightly Admin Instructions: 1 tablet=8.6 mg sennosides= 187 mg senna
heparin (Porcine) Injection 5,000 unit/ml / Inject 5,000 Units subcutaneous every 8 hours
Novolog - Insulin Aspart Recombinant 0-8 Units subcutaneous three times a day During meals. Admin Instructions: CORRECTIONAL: medium dose If nutritional dose given, give correctional dose AFTER meal together WITH nutritional dose. If nutritional dose is held (e.g., patient is eating poorly, NPO, tube feeding is held), correctional dose should still be given.
Novolog - Insulin Aspart Recombinant 9 Units subcutaneous three times a day During meals. Admin Instructions: Administer this NUTRITIONAL dose AFTER patient has consumed 50% of the carbohydrates of the meal (solid food) or AFTER completion of the bolus (Bolus Tube Feed). Hold nutritional insulin if NPO or no tube feeding.
LANTUS 15 Units SubQ Every 24 hours Admin Instructions: Do NOT hold this BASAL dose without consulting prescriber. ***Insulin syringe MUST be used for administration***
NOVOLOG 0-5 Units SubQ Nightly Admin Instructions: CORRECTIONAL: medium dose If NPO or eating poorly, still give correctional dose. RN to check POC BG three hours after administration to assure the patient is not hypoglycemic.

14. DME and Supplies:

small base cane, wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, walker, grab bars, commode, cane, 4 wheeled walker, Diabetic supplies

15. Safety Measures:

walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, transfer with assist, sharps precautions, emergency phone # clearly displayed, ambulates with assistance, wheelchair precautions, standard precautions, hand rails, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic

17. Allergies:

shellfish!adhesive bandages sulfa adhesive tape

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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 06/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Diaa Mikhail
1005 Northpoint Blvd
Baltimore, MD 21222
PHONE: 4102885901 FAX: 14102885904 NPI: 1558391227

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 : 06/15/2026

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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Homebound status: Due to diagnosis of Type 1 diabetes mellitus with ketoacidosis with coma, 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 recently sustained a fall resulting in multiple traumatic injuries and was subsequently admitted to a rehabilitation facility for recovery. Following completion of rehabilitation, the patient has returned home and currently requires ongoing skilled nursing assessment and support. The fall resulted in multiple fractures of the foot, as well as fractures of the elbow and wrist. The patient is currently wearing a protective orthopedic boot for stabilization of the fractured foot. Surgical intervention was performed for the wrist and elbow fractures, including open reduction and internal fixation (ORIF) with placement of pins and screws. The patient also has a medical history significant for diabetes mellitus and is insulin-dependent. Continued monitoring is indicated for pain management, mobility limitations, surgical site healing, neurovascular status of the affected extremities, and potential complications related to immobility and diabetes, including delayed wound healing and increased risk of infection. Education should be reinforced regarding fall prevention, proper use of the orthopedic boot, adherence to prescribed activity restrictions, medication and insulin compliance, blood glucose monitoring, recognition of signs and symptoms of hypo- and hyperglycemia, and the importance of maintaining follow-up appointments with the orthopedic surgeon and primary care provider. The plan of care includes ongoing skilled nursing visits to assess the patient's recovery, monitor for complications, reinforce safety and diabetic management, and promote optimal healing and functional independence.
 Date of Order 06/21/2026 Orders Physician Face-to-Face Date: 06/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, ot-eval & treat , hha-adl's due to Type 1 diabetes mellitus with ketoacidosis with coma 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
 Physician Mikhail, Diaa

SN Careplans

SN WK1: 1 (06/21/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK6: 1 (07/26/26-07/30/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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

SN Goals

PATIENT-STATED GOAL: Patient states she wants to return to living independently

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/21/2026

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self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately	

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/21/2026