Home Health Certification and Plan of Care

Order ID: 1150/20133

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32372264	06/28/2026	From: 06/28/2026 To: 08/26/2026	14263	217058

6. Patient's Name and Address

Ivy Sweetwine
4 Montaige Ct Apt 1A,
PIKESVILLE, MD 21208-
443-208-6570

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 12/26/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G35.D	Multiple sclerosis unspecified	06/28/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	06/28/26
I11.0	Hypertensive heart disease with heart failure	06/28/26
I50.22	Chronic systolic (congestive) heart failure	06/28/26
E11.9	Type 2 diabetes mellitus without complications	06/28/26
L89.150	Pressure ulcer of sacral region unstageable	06/28/26
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	06/28/26
F25.0	Schizoaffective disorder bipolar type	06/28/26
F31.9	Bipolar disorder unspecified	06/28/26
N13.9	Obstructive and reflux uropathy unspecified	06/28/26
G40.909	Epilepsy unsp not intractable without status epilepticus	06/28/26
M25.512	Pain in left shoulder	06/28/26
E78.5	Hyperlipidemia unspecified	06/28/26
E87.6	Hypokalemia	06/28/26
R41.841	Cognitive communication deficit	06/28/26
R63.4	Abnormal weight loss	06/28/26
Z79.01	Long term (current) use of anticoagulants	06/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/28/26
Z87.440	Personal history of urinary (tract) infections	06/28/26
Z90.710	Acquired absence of both cervix and uterus	06/28/26

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

Atorvastatin Calcium - Atorvastatin Calcium 40 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Docusate Sodium - Docusate Sodium 100mg; 1 cap by mouth every 12 hours as needed for bowel regimen
Gabapentin - Gabapentin 100 mg 100 MG Give 1 capsule by mouth three times a day 100 MG Give 1 capsule by mouth three times a day for Neuropathic pain
Jardiance - Empagliflozin 10 MG Give 1 tablet by mouth once a day 10 MG (Empagliflozin) Give 1 tablet by mouth one time a day for DM
Losartan Potassium - Losartan Potassium 100 mg 100 MG, Give 1 tablet by mouth once a day) Give 1 tablet by mouth one time a day for HTN
Melatonin - Melatonin 3mg; 1 tab by mouth at bedtime for sleep aid
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 25 MG, Give 3 tablet by mouth twice a day Give 3 tablet by mouth two times a day for HTN
Potassium Chloride - Potassium Chloride 10meq 10 meq; 1 tab by mouth once a day hypokalemia
Senna - Senna 8.6 mg by mouth every 12 hours as needed for bowel regimen hold for diarrhea
Tecfidera - Dimethyl Fumarate 240 MG, Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for MS
Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for pain
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50000 UNIT, Give 1 tablet by mouth once a week Give 1 tablet weekly
Levetiracetam - Levetiracetam 500 MG, Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for seizures
Lidocaine - Lidocaine 4%; 1 patch topical as necessary to left shoulder in am and remove at bedtime
Diclofenac Sodium - Diclofenac Sodium 0 Gel 1 %, Apply 1 application transdermal twice a day Apply 1 application transdermally two times a day for knee pain 4 g each knee

14. DME and Supplies:

wheelchair, urinary/catheter supplies, bath bench, walker, wound care supplies

15. Safety Measures:

wheelchair precautions, standard precautions, seizure precautions, fall precautions, diabetic precautions, walker precautions, medication safety, transfer with assist, supervision at all times, remove environmental barriers

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial 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: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, 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, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Multiple sclerosis unspecified, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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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Clinical Condition Requiring Homecare:

The patient was recently discharged from a rehabilitation facility and admitted to home health services for continued skilled nursing care, wound management, and rehabilitation. Her past medical history is significant for atrial fibrillation, multiple sclerosis, type 2 diabetes mellitus, hypertension, neurogenic bladder, schizophrenia, depression, seizure disorder, congestive heart failure, bipolar disorder, epilepsy, prior hip fractures, and recent hospitalization for obstructive uropathy complicated by methicillin-resistant Staphylococcus aureus (MRSA) infection. Skilled Nursing services were ordered at a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for 3 weeks, with additional authorizations to be requested if clinically indicated. Physical and occupational therapy evaluations were also ordered. The patient resides with her daughter, who provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The daughter was not present during the Start of Care visit. Upon assessment, the patient was alert and oriented 2 and was able to be reoriented to time as needed. She reported left shoulder pain as well as sacral discomfort associated with her pressure injury. The patient denied shortness of breath. She is incontinent of urine and utilizes a urinary wick and briefs for bladder management secondary to neurogenic bladder. The patient reported her last bowel movement occurred yesterday. Assessment of the sacral pressure injury revealed a Stage 3 pressure ulcer measuring 1.5 cm 1.3 cm 0.1 cm with a beefy red wound bed and a small amount of bloody drainage. Wound care is ordered using silver calcium alginate dressing in accordance with the physician's plan of care. The wound will require ongoing skilled nursing assessment and treatment to promote healing, monitor for signs of infection, and prevent further skin breakdown. Skilled Nursing completed a comprehensive assessment and provided education regarding pressure injury prevention, pressure relief techniques, frequent repositioning, skin protection, infection prevention, proper nutrition and hydration to promote wound healing, and the prescribed wound care regimen. Medication reconciliation and disease process education were also initiated. Following the visit, the skilled nurse contacted the patient's daughter to review the wound care procedure and recommended dressing changes every 2 to 3 days as ordered. The daughter verbalized understanding of the wound care instructions and plan of care. Physical therapy evaluation was completed. Prior to hospitalization and subsequent hip fractures, the patient had been ambulatory with a rollator approximately one year ago. Since sustaining the hip fractures, she has been wheelchair-dependent. At the time of evaluation, the patient demonstrated significant bilateral lower extremity weakness, with muscle strength ranging from 1+/5 to 2-/5. She requires maximal assistance for bed mobility and is currently unable to transfer out of bed independently. Sitting balance at the edge of the bed requires minimal to moderate assistance. Physical therapy provided education to the patient and caregiver regarding the importance of frequent pressure relief, proper positioning, and the use of pillows to offload pressure from the sacral wound. The patient demonstrates significant deficits in strength, balance, mobility, and functional independence and is at high risk for falls, further skin breakdown, and additional functional decline. Skilled physical therapy is medically necessary to improve strength, sitting balance, bed mobility, transfer ability, and overall functional mobility while maximizing safety and promoting the highest possible level of independence. Occupational therapy will further evaluate and address deficits affecting activities of daily living, upper extremity function, adaptive techniques, and caregiver training. Continued interdisciplinary home health services remain medically necessary to provide wound management, reinforce disease and medication education, improve functional status, prevent complications, and reduce the risk of rehospitalization.
 Date of Order 06/28/2026 Orders Physician Face-to-Face Date: 06/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease progress pt-eval & treat ot-eval & treat due to Multiple sclerosis unspecified 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:
 Physician Tansinda, James

SN Careplans

SN WK1: 1 (06/28/26-07/04/26) ,WK2: 2 (07/05/26-07/11/26) ,WK3: 2 (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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status 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.
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: for wound to heal

GOALS
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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* 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
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/28/2026

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

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1745 - Behavioral Issues, M1720 - Anxiety, M1700 - Cognition, meal preparation, Home Safety, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, dark-colored urine, M1600 - UTI, M1610 - Urinary Incontinence, limited endurance, limited strength, limited range of motion, muscle weakness, seizures, Pain Interference with ADLs, weak hand grips, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - SACRUM - BEEFY RED WOUND BED

PROCEDURES: physician-ordered wound care: #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - SACRUM - BEEFY RED WOUND BED: sn/cg to cleanse sacral stage 3 decubitus with nss, apply silver alginate, cover with bordered gauze every 2-3 days or as needed for drainage., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient's transportation needs are met, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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/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

patient's transportation needs are met

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (06/28/26-07/04/26) ,WK3: 1 (07/12/26-07/18/26) ,WK5: 1 (07/26/26-07/31/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, wheelchair training, home exercise program: Review HEP: supine PROM or AROM for hip flex, ext, abduction, adduction, knee flex and ext and ankle DF/PF 1x10 or as tolerated. Upgrade as tolerated, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: To be able to sit up without help

GOALS
Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/28/2026