

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 Montaigne 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	

[illegible]

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: 4107441101 FAX: 4107441186 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 07/06/2026 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 3	

[illegible]

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 Montaigne 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	

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