Home Health Certification and Plan of Care

Order ID: 1150/19754

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
03193140670	04/15/2026	From: 06/14/2026 To: 08/12/2026	24599	217058

6. Patient's Name and Address
Theresa Morris
8164 Kavanaugh Road,
DUNDALK, MD 21222-
667-456-9891

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 01/15/1967 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.002D	Fx unsp part of nk of l femr subs for clos fx w routn heal	04/15/26

13. ICD	Other Pertinent Diagnoses	Date
L89.153	Pressure ulcer of sacral region stage 3	04/15/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/15/26
I50.22	Chronic systolic (congestive) heart failure	04/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/15/26
N18.9	Chronic kidney disease u	04/15/26
J44.89	Other specified chronic obstructive pulmonary disease	04/15/26
G89.4	Chronic pain syndrome	04/15/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/15/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	04/15/26
K59.03	Drug induced constipation	04/15/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	04/15/26
Z79.4	Long term (current) use of insulin	04/15/26
Z46.6	Encounter for fitting and adjustment of urinary device	04/15/26
Z89.511	Acquired absence of right leg below knee	04/15/26
Z87.440	Personal history of urinary (tract) infections	04/15/26
Z91.81	History of falling	04/15/26

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

VALSARTAN 320 mg 320 mg / 1 Tablet by mouth one time a day for HTN
Tylenol Es - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for Pain
Carvedilol - Carvedilol 12.5 mg 12.5mg; 1 Tablet by mouth twice a day for HTN
Cranberry - Cranberry 1 tab by mouth once a day supplement
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg; 1 tab by mouth three times a day as needed for spasms
Folic Acid - Folic Acid 1 mg 1 mg / 1 Tablet by mouth once a day for Supplement
Gabapentin - Gabapentin 800 mg 800mg; 1 tab by mouth three times a day pain
Hydrochlorathiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25mg; 1 tab by mouth once a day HTN
Ondansetron - Ondansetron 4 mg 4MG; 1 TAB by mouth every 6 hours AS NEEDED FOR NAUSEA
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10MG; 1 TAB by mouth four times a day AS NEEDED FOR PAIN
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for Supplement
Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG; 1/2 TAB by mouth one time a day for depression
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride ER 150 mg / 1 Capsule by mouth one time a day for Depression
Miralax - Polyethylene Glycol 3350 0 Powder 17 GM/SCOOP / Give 1 scoop by mouth once a day for Bowel regimen
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 mg/0.1 ml / 1 spray Alternating nostril Nasal as necessary every 3 minutes as needed for Opiate reversal 1 spray into alternating nostril every 3 minutes as needed
Zinc Oxide - Zinc Oxide External Cream 10% / Apply to Sacrum topical once a day as needed for sacral wound care

14. DME and Supplies:
wheelchair, wound care supplies, hospital bed, commode, bath bench

15. Safety Measures:
wheelchair precautions, standard precautions, medication safety, fall precautions, bedrails up while in bed, bathroom safety

16. Nutrition:
low sodium

17. Allergies:
Zosyn

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , 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 Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, 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 was recently hospitalized following a fall from a wheelchair resulting in a left hip fracture and underwent intramedullary femur nail insertion on 3/9. The left hip incision is mostly closed with a small pinpoint open area covered by a dry dressing. Postoperative complications include pain, hypotension, anemia, encephalopathy, hematuria at the surgical site, opioid-induced constipation, and a urinary tract infection. The patient has a 16Fr 10cc indwelling Foley catheter draining clear yellow urine, with a urology consult pending. The patient is alert and oriented 3, reports severe uncontrolled hip pain (10/10) managed with Tylenol and oxycodone, denies shortness of breath, had a bowel movement today, and remains wheelchair-bound. Past medical history includes right below-knee amputation, with current findings of discoloration and coolness in the left lower extremity, suggestive of possible venous insufficiency. Per H&P, the patient has stage 3 pressure ulcers to the sacrum and buttocks but declined a full skin assessment during the visit. The patient requires significant assistance with all ADLs and IADLs, provided by a significant other. Skilled nursing services are ordered, and PT/OT evaluations have been initiated. The patient demonstrates decreased standing balance, tolerance, upper extremity strength, and overall activity tolerance, impacting self-care and mobility. Education was provided on medications, Foley care, skin and incontinence care, stump care, lower extremity exercises, and safe transfer techniques; both the patient and caregiver were receptive but require reinforcement.
 Date of Order 06/12/2026 Orders Physician Face-to-Face Date: 03/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing 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: The patient is being recertified due to unhealed wounds on her right buttock, left leg and left thigh. She has a 16 fr 10 cc Foley. She reported that she felt pain in her vagina last week and went to the hospital.
 Physician Barr, Nancy Beth

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nancy Beth Barr
9101 Franklin Square Dr
Rosedale, MD 21237
PHONE: 443-777-2000 FAX: 14437772035 NPI: 1881636595

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 : 03/18/2026

27. Attending Physician's Signature and Date Signed **06/18/2026**: 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.

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SN WK1: 1 (06/14/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26)

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: 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; 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, urine retention, muscle weakness, balance deficit, open sores/lesions, skin breakdown r/t incontinence, #1 - Other - Other - LEFT HIP INCISION - CLOSED WITH PIN POINT OPEN AREA, COVERED WITH DRY DRESSING ONLY, #3 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Buttock -

PROCEDURES: physician-ordered wound care: #3 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Buttock -, physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock -, physician-ordered wound care: #1 - Other - Other - LEFT HIP INCISION - CLOSED WITH PIN POINT OPEN AREA, COVERED WITH DRY DRESSING ONLY, physician-ordered wound care: LLE Wound: cleanse with normal Saline, apply hydrogel or gauze moistened with normal Saline to wound bed and cover with a bordered dressing. Change PRN, physician-ordered wound care: Right and Left Buttock wounds: Cleanse with normal saline, apply calcium alginate and cover with silicon bordered foam dressing. Change dressing daily or PRN when soiled., catheter change, care & irrigation: MANAGED BY UROLOGIST

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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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

PATIENT-STATED GOAL: I want my wounds 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

meal preparation is available to patient for all meals

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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/12/2026