

Home Health Certification and Plan of Care						Order ID: 1150/20608	
1. Patient's Name and Address Joyce Campbell 2810 Ruscombe Lane, BALTIMORE, MD 21215- 785-383-6803		2. Start Of Care Date 07/17/2026		3. Certification Period From: 07/17/2026 To: 09/14/2026		4. Medical Record No. 24172	5. Provider No. 217058
6. Patient's Name and Address Joyce Campbell 2810 Ruscombe Lane, BALTIMORE, MD 21215- 785-383-6803				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 09/30/1935				9. Sex Female		10. Medications: Dose/Frequency/Route (N)ew (C)hanged DULCOLAX EC 5 mg / 1 Tablet by mouth daily as needed for constipation Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 Unit / 1 Tablet by mouth daily LASIX 20 mg / 1 Tablet by mouth daily SINGULAIR 10 mg / 1 Tablet by mouth nightly ROXICODONE Immediate Release 5 MG / 1 Tablet by mouth every 6 (six) hours as needed for severe pain Max Daily Amount: 20 mg MIRALAX 17 gram packet / Take 17 g by mouth daily CRESTOR 10 mg / 1 Tablet by mouth daily Tramadol - Tramadol Hydrochloride 50mg by mouth twice a day Around the clock for pain TYLENOL 650mg/tablet / Take 2 tablets by mouth every 8 (eight) hours as needed for pain Do not exceed 3000 mg per day Mirtazapine - Mirtazapine 30 mg by mouth at bedtime Metformin - Metformin Hydrochloride 500mg by mouth once a day Blood glucose ELIQUIS 2.5 mg / 1 Tablet by mouth once a day Penapar-Vk - Penicillin V Potassium eq 500 mg base 1 tablet by mouth three times a day For 7 days Ventolin Hfa - Albuterol Sulfate 90 mcg/actuation inhaler / Inhale 2 puffs inhalant every 6 hours as needed for wheezing FLONASE 50 mcg/actuation nasal spray / 2 sprays by each nare Nasal once a day menthol-zinc oxide (CALMOSEPTINE) 0.44-20.6% ointment / Apply 1 application topically as necessary for irrigation Monistat 1 Combination Pack - Miconazole Nitrate 6.5 % ointment / Insert 1 each vaginal once a day	
11. ICD N30.00		Principal Diagnosis Acute cystitis without hematuria		Date 07/17/26			
13. ICD L24.A2 E11.22 N18.4 G89.29 M53.3 E11.69 E78.49 M15.0 M51.9 E66.3 Z68.29 Z79.01 Z79.84 Z79.890 Z99.3		Other Pertinent Diagnoses Irritant cntct derm d/t fecal urinry or dual incontinence Type 2 diabetes mellitus w diabetic chronic kidney disease Chronic kidney disease stage 4 (severe) Other chronic pain Sacrococcygeal disorders not elsewhere classified Type 2 diabetes mellitus with other specified complication Other hyperlipidemia Primary generalized (osteo)arthritis Unsp thoracic thoracolum and lumbosacr intvrt disc disorder Overweight Body mass index [BMI] 29.0-29.9 adult Long term (current) use of anticoagulants Long term (current) use of oral hypoglycemic drugs Hormone replacement therapy Dependence on wheelchair		Date 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26			
14. DME and Supplies: wheelchair, hoyer lift, hospital bed				15. Safety Measures: medication safety, bleeding precautions, diabetic precautions, fall precautions, anticoagulant precautions			
16. Nutrition: diabetic				17. Allergies: azithromycin ceftriaxone			
18.A. Functional Limitations Ambulation, Bowel/Bladder Incontinence!Paralysis				18.B. Activities Permitted Other, Bed Bound			
19. Mental & Psychosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes							
20. Prognosis: Poor							
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 Acute cystitis without hematuria, 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: <p class="p">The patient is a 90-year-old female with a past medical history significant for chronic pain, type 2 diabetes mellitus, chronic kidney disease, hyperlipidemia, osteoarthritis/rheumatoid arthritis, hypertension, anemia, gout, heart murmur, major depressive disorder, history of upper extremity DVT, and other comorbidities. She was admitted to home health following treatment for a urinary tract infection and pressure ulcers of the sacrum and left upper posterior thigh. Upon assessment, the patient was found in a hospital bed with her daughter at the bedside and reported constant burning pain to the buttocks but was unable to provide a numeric pain rating. She also complained of burning with urination. Vital signs were stable (T 98.3F, SpO 97% on room air, HR 106 via left radial pulse), and lung sounds were diminished at the bases. The patient is bedbound, dependent for all bed mobility, transfers, ambulation, bathing, dressing, and toileting, requiring total assistance for all functional mobility, with setup assistance only for self-feeding. Education was provided to the patient and caregivers regarding repositioning every two hours to reduce pressure and promote wound healing, and understanding was verbalized. Assessment revealed healing pressure ulcers to the sacrum measuring 5.8 cm 6.2 cm and the left upper posterior thigh measuring 4.0 cm 5.5 cm, both without drainage. The wounds were cleansed, left open to air, and barrier cream was applied. Medications were reviewed with the patient and daughter, and the patient was admitted to home health services. Physical and occupational therapy evaluations determined that the patient remains at her functional baseline with severe weakness, contracted joints, and dependence for all mobility and activities of daily living; therefore, no further skilled PT or OT services were recommended at this time.&nbsp;</p><p class="p" align="justify" style="mso-margin-top-alt:auto;mso-pagination:widow-orphan;text-align:justify;text-justify:inter-ideograph;">Date of Order							
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 07/17/2026						25. Date HHA Received Signed POT	
24. Physician's Name and Address Arvetta Edge 6701 N Charles St Towson, MD 21204 PHONE: 14438492397 FAX: 14438492398 NPI: 1356693048				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 : 07/09/2026			
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. PAGE 1 of 3			

Home Health Certification and Plan of Care				Order ID: 1150/20608	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36883744		07/17/2026		From: 07/17/2026 To: 09/14/2026	
				4. Medical Record No.	
				24172	
5. Provider No.					
217058					
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Joyce Campbell				HomeCentris Healthcare LLC	
2810 Ruscombe Lane,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21215-				Owings Mills, MD 21117-8284	
785-383-6803				410-321-8448	
				1487113239	
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p></p><p class="15">071720262026<o:p></o:p></p><p class="15">Physician Face-to-Face Date: 07/09/2026<o:p></o:p></p><p class="15">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Acute cystitis without hematuria<o:p></o:p></p><p class="15">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p><p class="15">&nbsp;</p><p class="15">1 - SOC - SN Notes: <o:p></o:p></p><p class="15">PT Eval Notes:<o:p></o:p></p><p class="15">OT Eval Notes:<o:p></o:p></p><p class="15">Physician: Edge, Arveitta</p>					
SN Careplans				SN Goals	
SN WK1: 1 (07/17/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26)				PATIENT-STATED GOAL: "I want the pain to go away."	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications				* 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	
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.				* teach relaxation skills and diversional activities	
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.				* recalls related medication(s) purpose, schedule	
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				patient/caregiver recalls	
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.				* depression-prevention strategies including avoidance of isolation	
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.				* healthy eating	
Provide education content at patient's level of health literacy.				* sleeping habits	
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.				* identification of activities that bring pleasure	
Assess: Musculoskeletal status.				* preventive care	
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				* recalls related medication(s) purpose, schedule	
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.				patient/caregiver recalls	
Pt/PCg educated in pain management techniques including positioning and relaxation techniques				* how to achieve wound healing including cleaning and dressing wound	
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,				* position changes	
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training				* skin care	
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.				* diet modification	
; 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				* record wound measurements	
Advance Directive:No Advance Directive				* recalls related medication(s) purpose, schedule	
Signature of Physician:				patient/caregiver recalls	
Date				* prevention including increase fluid intake	
PAGE 2 of 3				* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)	
Optional Name/Signature of Nurse/Therapist:				* perineal hygiene	
Date				* recalls related medication(s) purpose, schedule	
Electronically Signed by Messick, Charles RN				patient's transportation needs are met	
07/17/2026				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 keep home safe for patient with vision loss including eliminating	

Home Health Certification and Plan of Care				Order ID: 1150/20608
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36883744	07/17/2026	From: 07/17/2026 To: 09/14/2026	24172	217058
6. Patient's Name and Address Joyce Campbell 2810 Ruscombe Lane, BALTIMORE, MD 21215- 785-383-6803		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		

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, delayed capillary refill, genital burning, frequent urination, painful urination, M1600 - UTI, limited endurance, limited range of motion, muscle weakness, poor muscle tone, limited strength, Pain Effect on Sleep, B1000 - Vision Deficit, Pain Interference with ADLs, weak hand grips, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Thigh - , #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - PROCEDURES: physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Thigh -, physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -, cough/deep breathing exercises, physician-ordered wound care, glucose testing via monitor, monitor intake & output, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services, monitor dialysis schedule 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met	hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
--	---

PT Careplans PT WK2: 1 (07/19/26-07/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170E1 - Chair to Bed to Chair PROCEDURES: Medication Review: - medications reviewed with patient/caregiver	PT Goals PATIENT-STATED GOAL: Pt states she is at her baseline
--	--

OT Careplans OT WK2: 1 (07/19/26-07/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating 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, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance	OT Goals PATIENT-STATED GOAL: Eval only 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 Oral Hygiene - 01. Dependent Toileting Hygiene - 01. Dependent Shower/Bathe Self - 01. Dependent Upper Body Dressing - 01. Dependent Don/Doff Footwear - 01. Dependent 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	07/17/2026