

[illegible]

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.<o:p></o:p></p><p class="p">&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<span
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 Arveitta 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 07/23/2026: 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

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	
6. Patient's Name and Address				5. Provider No.	
Joyce Campbell 2810 Ruscombe Lane, BALTIMORE, MD 21215- 785-383-6803				217058	
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					
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p></p><p class="15">07172026202607/09/2026<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 &amp; treat ot-eval &amp; 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></div>					
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 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	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				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	
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications				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	
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.				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	
; 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				patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule	
patient's transportation needs are met				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					
Signature of Physician:				Date	
				PAGE 2 of 3	
Optional Name/Signature of Nurse/Therapist:				Date	
Electronically Signed by Messick, Charles RN				07/17/2026	

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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
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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
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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
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Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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