Home Health Certification and Plan of Care

Order ID: 1150/21253

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
23164371	04/14/2026	From: 08/12/2026 To: 10/10/2026	24819	217058

6. Patient's Name and Address
Sharon Carter
5018 Queensbury Ave,
BALTIMORE, MD 21215-
410-542-6249

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 08/23/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.317	Cellulitis of buttock	04/14/26

13. ICD	Other Pertinent Diagnoses	Date
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	04/14/26
L89.154	Pressure ulcer of sacral region stage 4	04/14/26
I95.9	Hypotension unspecified	04/14/26
I11.0	Hypertensive heart disease with heart failure	04/14/26
I50.30	Unspecified diastolic (congestive) heart failure	04/14/26
N18.9	Chronic kidney disease u	04/14/26
D63.1	Anemia in chronic kidney disease	04/14/26
N17.9	Acute kidney failure unspecified	04/14/26
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	04/14/26
E43.	Unspecified severe protein-calorie malnutrition	04/14/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/14/26
E78.5	Hyperlipidemia unspecified	04/14/26
D50.9	Iron deficiency anemia unspecified	04/14/26
H34.231	Retinal artery branch occlusion right eye	04/14/26
F17.210	Nicotine dependence cigarettes uncomplicated	04/14/26
Z79.82	Long term (current) use of aspirin	04/14/26
E87.6	Hypokalemia	04/14/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/14/26
N18.4	Chronic kidney disease stage 4 (severe)	04/14/26
K56.41	Fecal impaction	04/14/26

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

FUROSEMIDE 20 MG tablet STOP taking these medications
IBUPROFEN 800 mg tablet STOP taking these medications
CARVEDILOL 25 MG tablet by mouth 2 times daily with meals Commonly known as: COREG
ATORVASTATIN 80 MG tablet by mouth twice a day Commonly known as: LIPITOR
HYDRALAZINE 50 MG tablet by mouth twice a day Commonly known as: APRESOLINE What changed: when to take this
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000UI by mouth once a day Supplement
Protonix - Pantoprazole Sodium eq 40 mg base 40mg by mouth twice a day GERD
Aspirin 81Mg - Aspirin 81mg by mouth once a day
Aquacel Ag - Accuzyme Pad topical once a day
Nicotine Patch - Nicotine Patch 7 transdermal once a day Replace daily

14. DME and Supplies:
wound care supplies

15. Safety Measures:
smoke detectors , emergency phone # clearly displayed, bathroom safety, medication safety, standard precautions, fall precautions, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Other, Up As Tolerated,

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., 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 Cellulitis of buttocks, 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 seen for recertification of skilled nursing services for ongoing sacral wound care. Patient is alert and oriented 4 and reports attending the wound care clinic on Wednesday, with noted improvement in the wound. The sacral wound measures approximately 7 2.5 cm, with a red wound bed, minimal bloody drainage, and no odor. Wound care was performed by the nurse; a wound photo was not obtained due to technical issues with the tablet. The patient denies pain, abnormal bleeding, urinary discomfort, or recent falls and reports adequate hydration and effective sleep with the prescribed sleep aid. Last bowel movement was yesterday. Vital signs were stable with SpO 98%, pulse 82 bpm, and BP 112/62 mmHg. No abnormal lung sounds were noted, and the patient ambulates without an assistive device. Supplies have been received, medications were reviewed, and no insurance changes were reported. The patient is scheduled to return to the wound care clinic on 8/30/26, with no new orders provided. The patient is also scheduling a nephrology visit and will be notified accordingly. Skilled nursing recertification is planned for continued wound care at a frequency of 1 visit per week for 4 weeks. <o:p></o:p>   Date of Order<o:p></o:p> 0<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ming Li
7141 SECURITY BLVD
Baltimore, MD 21244
PHONE: 410-571-7300 FAX: 14105717301 NPI: 1578092417

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 : 04/10/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/21253

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
23164371	04/14/2026	From: 08/12/2026 To: 10/10/2026	24819	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sharon Carter 5018 Queensbury Ave, BALTIMORE, MD 21215- 410-542-6249	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">8<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">/<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">10/<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">2026<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Order<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 04/10/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Cellulitis of buttock<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
SN
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> due <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;
mso-font-kerning:1.0000pt;">to sacral wound care<o:p></o:p> <p
class="16">Physician: <span
style="font-family: Calibri; font-size: 11pt;">Li, Ming

SN Careplans

SN WK2: 1 (08/16/26-08/22/26), WK3: 1 (08/23/26-08/29/26), WK4: 1 (08/30/26-09/05/26), WK5: 1 (09/06/26-09/12/26)

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: 10. None of the above

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.

Cleanse sacral wound with saline, and then do wet to dry dressing, cover with ABD and use paper secure. Change daily or when soiled.; 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, muscle weakness (MS), difficulty sleeping (NR), red/tender pressure points (SK), bleeding/discharge at site (SK)

SN Goals

PATIENT-STATED GOAL: Patient stated she wants to heal her wound;To continue wound healing without discomfort

GOALS
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
* 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 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/10/2026

Home Health Certification and Plan of Care

Order ID: 1150/21253

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
23164371	04/14/2026	From: 08/12/2026 To: 10/10/2026	24819	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sharon Carter 5018 Queensbury Ave, BALTIMORE, MD 21215- 410-542-6249	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Bl buttocks - Wound to buttocks pink with scant discharge, no signs of infection noted, physician-ordered wound care: Cleanse sacral wound with saline, and then do wet to dry dressing, cover with ABD and use paper secure. Change daily or when soiled. , monitor intake & output

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, * 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 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* enhancing lighting
* using mechanical aids

patient's transportation needs are met

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/10/2026