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

8. DOB 09/30/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N30.00	Acute cystitis without hematuria	07/17/26

13. ICD	Other Pertinent Diagnoses	Date
L24.A2	Irritant cntct derm d/t fecal urinry or dual incontinence	07/17/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/17/26
N18.4	Chronic kidney disease stage 4 (severe)	07/17/26
G89.29	Other chronic pain	07/17/26
M53.3	Sacrococcygeal disorders not elsewhere classified	07/17/26
E11.69	Type 2 diabetes mellitus with other specified complication	07/17/26
E78.49	Other hyperlipidemia	07/17/26
M15.0	Primary generalized (osteo)arthritis	07/17/26
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder	07/17/26
E66.3	Overweight	07/17/26
Z68.29	Body mass index [BMI] 29.0-29.9 adult	07/17/26
Z79.01	Long term (current) use of anticoagulants	07/17/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/17/26
Z79.890	Hormone replacement therapy	07/17/26
Z99.3	Dependence on wheelchair	07/17/26

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

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 & Pyschosocial 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:
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>   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 **08/17/2026** **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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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: Acute cystitis without hematuria<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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
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class="15">1 - SOC - SN Notes: <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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SN Careplans

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)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

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.

; 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

SN Goals

PATIENT-STATED GOAL: "I want the pain to go away."

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
* 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
* 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
* 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
* 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

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