

Home Health Certification and Plan of Care				Order ID: 1150/21438	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
97258222		08/19/2026		From: 08/19/2026 To: 10/17/2026	
4. Medical Record No.		5. Provider No.			
29302		217058			
6. Patient's Name and Address Sharon Samuel Richards 1508 Pennsylvania Ave Apt 12, BALTIMORE, MD 21217- 929-405-9264			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 10/24/1970 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Z48.815		Principal Diagnosis Encntr for surgical aftcr following surgery on the dgstv sys		Date 08/19/26	
13. ICD I10. Z79.82		Other Pertinent Diagnoses Essential (primary) hypertension Long term (current) use of aspirin		Date 08/19/26 08/19/26	
14. DME and Supplies: None of the above			15. Safety Measures: emergency phone # clearly displayed, medication safety, smoke detectors , standard precautions, fall precautions		
16. Nutrition: regular			17. Allergies: no known allergies		
18.A. Functional Limitations Endurance			18.B. Activities Permitted Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			22.B.Discharge Plans patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the digestive system, 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">Home health skilled nursing admission completed for a 55-year-old female with a past medical history significant for glaucoma who was recently hospitalized for a small bowel obstruction and supraumbilical hernia requiring surgical hernia repair. Patient has since returned home and is currently in stable condition. Surgical incision assessed and noted to be closed with skin tape. Per current wound care orders, incision was cleansed and left open to air. No acute concerns noted during assessment. Patient denies pain at this time, and vital signs are within normal limits. Medication reconciliation and review were completed. Education provided regarding surgical incision care, signs and symptoms of infection to report, including redness, swelling, warmth, drainage, fever, or increased pain, fall prevention and home safety, pain management techniques, and proper medication management and adherence. Patient verbalized understanding of education provided. Skilled nursing services are indicated for continued postoperative assessment, monitoring of surgical incision healing, medication management, and ongoing patient education to reduce the risk of complications and rehospitalization.&nbsp;<o:p></o:p></p><p class="16">&nbsp;</p><p class="16">Date of Order<o:p></o:p></p><p class="16">015</p>2026<o:p></o:p></p><p class="16">Physician Face-to-Face Date: 08/17/2026<o:p></o:p></p><p class="16">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Encounter for surgical aftercare following surgery on the digestive system<o:p></o:p></p><p class="16">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="16"><span			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 08/19/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Samana Zulu 1600 Crain Highway Glen Burnie, MD 21060 PHONE: FAX: NPI: 1285684969			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 : 08/17/2026		
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		

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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-ker-ning:1.0000pt;">&nbsp; </p><p class="16">1 - SOC - SN Notes:<o:p></o:p></p><p class="16">Physician: Zulu, Samana</p> SN Careplans SN WK1: 1 (08/19/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) 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 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 08/19/2026 Problems : #1 - Observable Surgical Wound - Other - Midline lower abdomen - A1250 - Lack of Necessary Transportation Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management abnormal blood pressure balance deficit limited endurance limited strength B1000 - Vision Deficit meal preparation M2102f - Patient Supervision M2102d - Caregiver Performs Treatment PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Midline lower abdomen -> Cleanse wound with soap and water pat dry and leave open to air, cough/deep breathing exercises, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired 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,	SN Goals PATIENT-STATED GOAL: Patient stated she would like to heal properly from surgery without difficulty 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 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 * 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 * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's transportation needs are met patient is adequately supervised meal preparation is available to patient for all meals caregiver performs medical/rehabilitation treatments with adequate competence
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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