Home Health Certification and Plan of Care

Order ID: 1150/21480

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8EP8RJ8NX28	08/21/2026	From: 08/21/2026 To: 10/19/2026	25351	217058

6. Patient's Name and Address

Shirley Smithers
221 Harbor Dr,
Severna Park, MD 21146-
410-458-5278

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 05/11/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
B96.6	Bacteroides fragilis as the cause of diseases classd elswhr	08/21/26
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	08/21/26
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	08/21/26
E78.2	Mixed hyperlipidemia	08/21/26
D63.0	Anemia in neoplastic disease	08/21/26
F32.A	Depression unspecified	08/21/26
I48.91	Unspecified atrial fibrillation	08/21/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/21/26
M17.9	Osteoarthritis of knee unspecified	08/21/26
K42.9	Umbilical hernia without obstruction or gangrene	08/21/26
E55.9	Vitamin D deficiency unspecified	08/21/26
I50.9	Heart failure unspecified	08/21/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	08/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/21/26
M1A.0790	Idiopathic chronic gout unsp ankle and foot without tophus	08/21/26
E66.9	Obesity unspecified	08/21/26
K59.09	Other constipation	08/21/26
E83.51	Hypocalcemia	08/21/26
Z85.828	Personal history of other malignant neoplasm of skin	08/21/26
Z85.3	Personal history of malignant neoplasm of breast	08/21/26
Z85.830	Personal history of malignant neoplasm of bone	08/21/26
Z86.718	Personal history of other venous thrombosis and embolism	08/21/26
Z87.891	Personal history of nicotine dependence	08/21/26
Z45.2	Encounter for adjustment and management of VAD	08/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/21/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/21/26
Z79.01	Long term (current) use of anticoagulants	08/21/26
Z99.3	Dependence on wheelchair	08/21/26

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

Ibrance - Palbociclib 100mg; 1 tab by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY FOR 21 DAYS THE OFF FOR 7 DAYS EVERY 28 DAYS CYCLE
ALLOPURINOL 300 mg 300 mg tablet by mouth one time a day for Gout
Atorvastatin - Atorvastatin Calcium 10 mg / 1 Tablet by mouth at bedtime for HLD
CALCITRIOL 0.25mcg 0.25 mcg / 1 Capsule by mouth once a day for Hypocalcemia
Calcium Carbonate Antacid Oral Tablet Chewable 500 mg/tablet / Give 2 tablet by mouth three times a day for Indigestion
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg tablet by mouth every 6 hours as needed for PAIN CONTROL
Potassium Chloride - Potassium Chloride Crystals ER 10 MEQ / 1 Tablet by mouth once a day for Hypokalemia
Rivaroxaban 20 mg / 1 Tablet by mouth at bedtime for LUE DVT
Senna - Senna 8.6 MG; 2 TABS by mouth once a day BOWEL REGIMEN
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for Supplement
CLOPIDOGREL 75 mg 75 mg / 1 Tablet by mouth one time a day for dvt prophylaxis
DULOXETINE HYDROCHLORIDE 60 mg Delayed Release 60 mg / 1 Capsule by mouth one time a day for Depression
Ergocalciferol - Ergocalciferol 50,000 International Units 1 cap by mouth once a week wed
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Anemia
Iron-Vitamin C (Iron-Vitamin C) 65-125 MG / 1 Tablet by mouth once a day for Anemia
LINZESS 145 MCG / 1 Capsule by mouth in the morning for Chronic Constipation
FUROSEMIDE 40 mg 40 mg / 1 Tablet by mouth one time a day for Fluid Retention
Magnesium Oxide - Simethicone 400mg; 1 tab by mouth once a day supplement
Ibrance - Palbociclib 100 mg by mouth once a day 21 days on 7 days. Sequence starts after 7 days
Bactrim - Sulfamethoxazole: Trimethoprim 800-160 mg by mouth twice a day 1 tab every 12 hours for 7 days
Extra Strength Tylenol - Acetaminophen 1000 by mouth twice a day Pain or fever
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0. 1ML / 1 spray in nostril as needed for Suspected Opioid Overdose May repeat q 3 minutes in alternating nostrils until medics arrive
Meropenem - Meropenem 1gm/vial 200ml intravenous three times a day
MOMETASONE FUROATE 0.1 perc External Cream 0.1 % / Apply to Skin Folds topically one time a day for Excoriation

14. DME and Supplies:

wheelchair, walker, , IV supplies, hospital bed, hand held shower, grab bars, diabetic supplies, commode, bath bench, 4 wheeled walker,

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, , medication safety, infectious material management, hand rails, fall precautions, diabetic precautions, bleeding precautions, bedrails up while in bed, bathroom safety, , avoid temperature extremes, anticoagulant precautions, ambulates with device, , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mary Spencer
8061 Springfield Rd
Glenn Dale, MD 20769
PHONE: 4343909561 FAX: 18339082239 NPI: 1073966735

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 : 08/16/2026

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.

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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Shirley Smithers 221 Harbor Dr, Severna Park, MD 21146- 410-458-5278	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status:

Due to diagnosis of Urinary tract infection site not specified, 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:

Start of care (SOC) consent was signed. Patient is an 83-year-old female with a past medical history of hypertension (HTN), hyperlipidemia (HLD), gallbladder disease, deep vein thrombosis (DVT), breast cancer status post bilateral mastectomy, type 2 diabetes mellitus (T2DM), skin cancer, and bilateral knee arthritis. Patient is alert and oriented 3 and denies chest pain, shortness of breath on exertion, fever, nausea, or vomiting. Lungs are clear to auscultation, abdomen is flat with normoactive bowel sounds, and last bowel movement was this morning. Assessment completed with vital signs within acceptable parameters. Patient has a urinary tract infection (UTI). No edema noted; pedal pulses present. Skilled nursing provided medication reconciliation and education regarding medication effects and potential adverse reactions. Patient and daughter/caregiver were educated on infection precautions, including recognizing signs and symptoms of infection, proper hand hygiene, monitoring vital signs, and administration of IV antibiotics. Teaching and return demonstration of proper handwashing technique were completed, and the caregiver was instructed on how to initiate IV antibiotic administration. Patient and caregiver verbalized understanding of all teaching provided.<o:p></o:p>   Date of Order<o:p></o:p> 08/21/2026<o:p></o:p> Physician Face-to-Face Date: 08/16/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Urinary tract infection site not specified<o:p></o:p> 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>   1 - SOC - SN Notes: <o:p></o:p> Physician: Spencer, Mary

SN Careplans

SN WK1: 1 (08/21/26-08/22/26) ,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) ,WK8: 1 (10/04/26-10/10/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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.

SN Goals

PATIENT-STATED GOAL: I want to be infection free

GOALS
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
* 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
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/21/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

08/21/2026 Problems : #1 - IV Access - Central - Anterior Right Upper Arm -
M1600 - UTI
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
abn cholesterol > 200 mg/dL
difficulty sleeping
daytime fatigue
weak hand grips
balance deficit
muscle weakness
muscle spasms
limited strength
painful urination
constipation
heartburn/indigestion
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
M2102c - Med Admin
D0160 - Depression
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - IV Access - Central - Anterior Right Upper Arm -: Change PICC dressing every 7 days dressing .and PRN if dressing is loose, soiled, wet, or compromised. Perform using sterile technique and facility-approved antiseptic and dressing supplies. Assess insertion site and catheter for redness, swelling, drainage, tenderness, or other signs of infection. Replace needleless connector/cap per facility policy. Document dressing change, site assessment, and patient tolerance., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, glucose testing via monitor, urinalysis: Please obtain urine culture 3 days after ABX completed which will be 8/27/26. Send results to CHARLES MARKHAM DPM: 1202 ANNAPOLIS RD STE B, ODENTON, MD 21113, Ph (410) 672-0464, Fax (410) 356-6373 NPI: 1649271099, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, infusion therapy: Inject 1 g every 8 hours by intravenous route for 7 days, for complicated UTI + bacteroides fragiles citrobacter freundi/braaki, enterobacter cloaca and klebsiella pneumonia.

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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026