Home Health Certification and Plan of Care

Order ID: 1150/21680

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3DX3HV5MK85	08/28/2026	From: 08/28/2026 To: 10/26/2026	29666	217058

6. Patient's Name and Address

Heide Porter
105 Dihedral Drive,
MIDDLE RIVER, MD 21220-
443-804-2699

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 01/24/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.323	Pressure ulcer of left buttock stage 3	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	08/28/26
D17.1	Benign lipomatous neoplasm of skin subcu of trunk	08/28/26
I10.	Essential (primary) hypertension	08/28/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	08/28/26
E78.5	Hyperlipidemia unspecified	08/28/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/28/26
G40.909	Epilepsy unsp not intractable without status epilepticus	08/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/28/26
F41.9	Anxiety disorder unspecified	08/28/26
E78.00	Pure hypercholesterolemia unspecified	08/28/26
Z79.4	Long term (current) use of insulin	08/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/28/26
Z79.82	Long term (current) use of aspirin	08/28/26
Z96.643	Presence of artificial hip joint bilateral	08/28/26
Z90.710	Acquired absence of both cervix and uterus	08/28/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/28/26

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

NOVOLOG Flexpen U-100 unit/mL (2mL) subcutaneous TWICE DAILY INJECT 2 SLIDING SCALE DOSES
Tylenol Es 500 Mg - Acetaminophen 0 Take 2 tablet(s) by oral route every 8 hours for 30 days. Internal Note: fever/pain
TORSEMIDE 20 MG / 1 Tablet by mouth EVERY DAY
SENNA-S 8.6-50 mg/tablet / Take 2 tablet(s) by oral route every day for 30 days.
OMEPRAZOLE Delayed Release 20 MG / 1 Capsule by mouth EVERY DAY
METFORMIN 500 mg/tablet / Take 2 tablets by mouth EVERY DAY IN THE MORNING
LISINOPRIL 10 MG / 1 Tablet by mouth EVERY DAY
HYDROCHLOROTHIAZIDE 25 MG / 1 Tablet by mouth EVERY DAY
GABAPENTIN 300 MG / 1 Capsule by mouth TWICE DAILY
ESCITALOPRAM 5 MG / 1 Tablet by mouth EVERY DAY
Carbidopa And Levodopa - Carbidopa: Levodopa 25 MG-100 MG / 1 Tablet by mouth FOUR TIMES DAILY
ASPIRIN 0 Chewable 81 MG / 1 Tablet by mouth EVERY DAY CHEW AND SWALLOW
ATORVASTATIN 20 MG / 1 Tablet by mouth EVERY DAY
Calmoseptine Topical Ointment 0.44 %-20.6 % / Apply 1 application topical twice a day in the morning for 30 days, for 60.

14. DME and Supplies:

wound care supplies, walker, wheelchair, hospital bed, grab bars, hand held shower, diabetic supplies, bath bench

15. Safety Measures:

walker precautions, wheelchair precautions, standard precautions, medication safety, fall precautions, diabetic precautions, bedrails up while in bed, bathroom safety, ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:

diabetic

17. Allergies:

felodipine irbesartan latex penicillins tramadol

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure ulcer of left buttock stage 3, 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 an 84-year-old female referred to home health services due to a decline in functional status with a diagnosis of pressure ulcer of the left buttocks and diabetes. Past medical history is significant for type 2 diabetes mellitus, hyperlipidemia, Parkinson disease, essential hypertension, transient cerebral ischemia/TIA, GERD, anxiety, seizures, and history of pressure ulcer of the heel. The patient resides in Angel Comfort Assisted Living Facility, where she is totally dependent for all activities of daily living (ADLs) and requires assistance with transfers and mobility. Per facility staff, the patient has demonstrated a decline in function and ambulates short distances with a rolling walker (RW) with assistance but primarily uses a wheelchair for mobility. She presents with bilateral lower extremity weakness, loss of flexibility, impaired balance, decreased endurance, and significant mobility limitations, requiring moderate assistance of one person for sit-to-stand and moderate to minimal assistance of one person for stand-pivot transfers. Bed mobility is impaired, requiring moderate to maximum assistance for mobility and moderate to maximum assistance for rolling. Tinetti score is 4/28, indicating significantly impaired balance and high fall risk. The patient is alert to self and able to state her date of birth. Hand tremors were observed consistent with Parkinson disease. Her vital signs were within normal limits. The patient has sacral wounds with pink coloration that have scabbed over, with orders to apply Calmoseptine twice daily, as well as a small open wound to the left inner buttock with orders to cleanse with normal saline, apply calcium alginate, and cover with a Mepilex foam dressing. The assisted living facility staff was instructed to reposition the patient every two hours to relieve pressure on the sacrum and assist with pressure injury prevention. Facility staff reported that the patient was out of Calmoseptine cream; the pharmacy was notified, and the last tube is to be sent to the facility via mail delivery. The PCP was also notified regarding the need for a new order. Skilled nursing will continue to monitor the wounds, perform wound care as ordered, assess for signs and symptoms of infection or other complications, reinforce pressure-relief and repositioning measures, and provide education to facility staff regarding wound management and prevention of further skin breakdown. Skilled physical therapy is also indicated to address lower extremity weakness, impaired flexibility, poor balance, decreased endurance, transfer and bed mobility deficits, and overall functional decline. Given her current limitations and fair potential to benefit from skilled physical therapy, continued therapy is recommended to improve safety, functional mobility, transfer ability, and independence to the greatest extent possible.
 Date of Order 08/28/2026 Orders Physician Face-to-Face Date: 08/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Pressure ulcer of left buttock stage 3 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 2403349614 FAX: 18339750904 NPI: 1073157459

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 : 08/04/2026

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: 1150/21680

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3DX3HV5MK85	08/28/2026	From: 08/28/2026 To: 10/26/2026	29666	217058

6. Patient's Name and Address
Heide Porter
105 Dihedral Drive,
MIDDLE RIVER, MD 21220-
443-804-2699

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="font-size: 14px;">Hickson, Nicole

SN Careplans

SN WK1: 1 (08/28/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26)

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, 8. Currently reports exhaustion

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

09/03/2026 Problems : #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - Sacral wound that has scabbed over
#2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Buttock - Left inner buttock wound
M1700 - Cognition
M1610 - Urinary Incontinence
M1620 - Bowel Incontinence
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
muscle weakness
skin breakdown r/t incontinence
abnormal BS < 70/140 > mg/dL
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision

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 Buttock - Left inner buttock wound: Cleanse with normal saline, apply aquacel alginate and cover with mepilex dressing. Change dressing daily or PRN when solied., physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - Sacral wound that has scabbed over: Wash with soap and water, apply calmoseptine cream twice daily, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange for adequate patient supervision

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * how to achieve

SN Goals

PATIENT-STATED GOAL: For wounds tomhealed

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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 is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026

Home Health Certification and Plan of Care

Order ID: 1150/21680

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3DX3HV5MK85	08/28/2026	From: 08/28/2026 To: 10/26/2026	29666	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Heide Porter 105 Dihedral Drive, MIDDLE RIVER, MD 21220- 443-804-2699	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26) ,WK9: 1 (10/18/26-10/24/26)

09/01/2026 Problems : GG0170G1 - Car Transfer
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer

PROCEDURES: Bed mobility : Work on set up amd techniques for log rolling and side<>sit transfer, Medication management : Review medication with caregiver., Stretching: Perform lower extremity, hamstring. Heel cord and quadriceps stretching as tolerated. 20 second holds each stretch 3 - 4 times per each leg., home exercise program: Active assist to active range for hip flexion, knee extension. Hip abduction toe raises, heelraises supine. Heel slides. 2-310, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Bed mobility , Staff training

PT Goals

PATIENT-STATED GOAL: To be able to walk better and get in and out of bed easier. With less help

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Bed mobility

Staff training

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026