Home Health Certification and Plan of Care

Order ID: 1150/21921

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6V86JP0CC68	07/15/2026	From: 09/13/2026 To: 11/11/2026	27555	217058

6. Patient's Name and Address
Marshall Gibson
103 Center Place Apt 120,
Dundalk, MD 21222-
410-335-5904

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 08/19/1952 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G35.B1	Multiple sclerosis	07/15/26

13. ICD	Other Pertinent Diagnoses	Date
R13.10	Dysphagia unspecified	07/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/15/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/15/26
N18.32	Chronic kidney disease stage 3b	07/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/15/26
G40.89	Other seizures	07/15/26
K56.609	Unsp intestnl obst unsp as to partial versus complete obst	07/15/26
N17.0	Acute kidney failure with tubular necrosis	07/15/26
K25.9	Gastric ulcer unsp as acute or chronic w/o hemor or perf	07/15/26
D50.8	Other iron deficiency anemias	07/15/26
J81.1	Chronic pulmonary edema	07/15/26
Z86.718	Personal history of other venous thrombosis and embolism	07/15/26
Z79.4	Long term (current) use of insulin	07/15/26

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

VITAMIN 1 tablet by mouth one time a day for SUPPLEMENT/NUTRITION
TYLENOL 500mg, take 2 tablets Oral every 8 hours As needed for pain
MIRALAX 1 scoop by mouth two times a day for BOWEL REGIMEN HOLD FOR LOOSE STOOL
LANTUS 7 unit subcutaneously at bedtime for DM
ATORVASTATIN 10mg, take 1 tablet by mouth at bedtime for HLD
Calmoseptine Ointment 0.44-20.625 % (Menthol-Zinc Oxide) % topically every shift for Skin Prevention/denuded area Q-shift and after each incontinent episode
Cialis - Tadalafil 10 mg take 1 tablet by mouth once a day
Aspirin 81Mg - Aspirin Take 1 tablet by mouth once a day
Fish Oil - Cod Liver Oil 1200mg, take 1capsule by mouth once a day
Levetiracetam - Levetiracetam 100 mg/ml by mouth twice a day For Seizures
Augmentin '500' - Amoxicillin: Clavulanate Potassium 500 mg;eq 125 mg base take 1 tablet by mouth every 12 hours infection
Amoxicillin - Amoxicillin 500 mg 1 tablet by mouth every 12 hours Infection

14. DME and Supplies:
diabetic supplies, grab bars, wound care supplies, hospital bed

15. Safety Measures:
hand rails, fall precautions, diabetic precautions, seizure precautions, standard precautions, bedrails up while in bed, medication safety, , activity supervision

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Contracture, ,

18.B. Activities Permitted
Bedrest BRP

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
SN: patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Multiple sclerosis, 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 being recertified for continued skilled home health services due to an unhealed wound on the left lateral foot. The patient was evaluated by the podiatrist on 09/04/2026, who prescribed Augmentin 500 mg by mouth, one tablet every 12 hours for 10 days. The wound has increased slightly in size. The patient now has a consistent caregiver available Monday through Thursday who was instructed in wound care and demonstrated understanding of the treatment procedures. Wound care education was also previously provided to the caregiver who will assist on the remaining days. Vital signs were stable, and fasting blood glucose was 90 mg/dL. The patient denied pain or discomfort. Medication reconciliation and review were completed with the patient. Skilled nursing will continue to follow the established plan of care, including wound monitoring, wound care education, and assessment for signs and symptoms of infection.   Date of Order<o:p></o:p> 09/08/2026
Order<o:p></o:p> Physician Face-to-Face Date: 06/17/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Multiple sclerosis<o:p></o:p> Homebound Status per

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joseph Brodine
9101 Franklin Square Dr
Baltimore, MD 21237
PHONE: 4437772000 FAX: 18668579388 NPI: 1467987446

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 : 06/17/2026

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.

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Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
4 - Recertification SN Notes: due to an unhealed wound on the left lateral foot<o:p></o:p> Physician: Brodine, Joseph

SN Careplans

SN frequency Auth ID 16599 WK1: 1 (09/13/26-09/19/26),Auth ID 16599 WK2: 1 (09/20/26-09/26/26),Auth ID 16599 WK3: 1 (09/27/26-10/03/26),Auth ID 16599 WK4: 1 (10/04/26-10/10/26),Auth ID 16599 WK5: 1 (10/11/26-10/17/26),Auth ID 16599 WK6: 1 (10/18/26-10/24/26),Auth ID 16599 WK7: 1 (10/25/26-10/31/26),Auth ID 16599 WK8: 1 (11/01/26-11/07/26),Auth ID 16599 WK9: 1 (11/08/26-11/11/26)

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: 9. Other risk(s) not listed in 1- 8

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:SEE MOLST

09/08/2026 Problems : #1 - Open Wound - Other - Left lateral foot -
open sores/lesions

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - Left lateral foot -: Cleanse the left lateral foot wound with normal Saline, apply aquacel alginate, and cover with a bordered foam dressing. Change dressing every other day., cough/deep breathing exercises, glucose testing via monitor

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: For wound to heal.

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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT frequency

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

09/08/2026

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08/12/2026 Problems : GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear

OT Careplans

OT frequency

08/12/2026 Problems : GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170D1 - Sit to Stand
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GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear

OT Goals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/08/2026