HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022015

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
11419027570	11/17/2025	09/13/2026 - 11/11/2026	19557	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Christopher Horn 1518 Philadelphia Rd Edgewood, MD 21085	Male	04/06/1961	410-538-4556
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:

The patient is being recertified for continued skilled nursing services due to an unhealed sacral wound measuring 2.5 1.0 1.0 cm (L W D). Wound care orders include cleansing the wound with normal saline, applying Aquacel Ag/alginate, and covering it with a bordered foam dressing, with dressing changes to be performed daily or as needed when soiled. The wound bed is red with no odor noted. Vital signs were within normal limits, and respirations were even and unlabored. Blood glucose levels are monitored by facility staff. Medication reconciliation was completed with the patient and facility staff, with no medication changes reported or made. The patient will continue to be monitored, and the current plan of care will be maintained to promote wound healing and prevent complications.

Date of Order<o:p></o:p>
09/10/2026
Order<o:p></o:p>
Physician Face-to-Face Date:
11/04/2025<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Pressure ulcer of sacral region stage 4<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>

4 - Recertification SN Notes: due to an unhealed sacral wound<o:p></o:p>
Physician: Ferguson, Sandra

Physician Statement on Homebound Status:

Due to diagnosis of Pressure ulcer of sacral region stage 4, 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<o:p></o:p>

ICD-10 CM Principal Diagnosis: L89.154. Pressure ulcer of sacral region stage 4

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
L89.613	Pressure ulcer of right heel stage 3	Tylenol - Acetaminophen 325 MG, take 2 tablets by mouth every 6 hours as needed for Pain Ploglitazone HCl 30 MG, take 1 tablet by mouth once a day for DM Atorvastatin Calcium - Atorvastatin Calcium 10 MG Oral Tablet ,Take 1 tablet by mouth at bedtime for HLD Famotidine - Famotidine 20 MG Oral Tablet,take 1 tablet by mouth twice a day for GERD Folic Acid - Folic Acid 1 MG Oral Tablet, Take 1 tablet by mouth once a day for Supplement
E11.65	Type 2 diabetes mellitus with hyperglycemia	
E43.	Unspecified severe protein-calorie malnutrition	
K70.30	Alcoholic cirrhosis of liver without ascites	

F10.90	Alcohol use unspecified uncomplicated
G31.84	Mild cognitive impairment of uncertain or unknown etiology
K76.6	Portal hypertension
I85.00	Esophageal varices without bleeding
D50.9	Iron deficiency anemia unspecified
D69.6	Thrombocytopenia unspecified
N13.9	Obstructive and reflux uropathy unspecified
R33.9	Retention of urine unspecified
Z79.4	Long term (current) use of insulin
Z96.0	Presence of urogenital implants
Z87.891	Personal history of nicotine dependence
Z91.81	History of falling

mouth once a day for Supplement
Lactobacillus Rhamnosus Give 1 capsule by mouth once a day a day for Probiotics
Propanolol - Hydrochlorothiazide: Propranolol Hydrochloride 10 MG Oral Tablet ,Take 1 tablet by mouth twice a day for HTN
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Tablet Take 1 tablet by mouth in the morning for GERD
Xifaxan - Rifaximin 550 MG Oral Tablet,Take 1 tablet by mouth twice a day for Alcohol liver cirrhosis
Sennosides - Senna 8.6 MG Oral Tablet ,Take 2 tablet by mouth at bedtime very 24 hours as needed for Constipation at bedtime
Calcium Carbonate (Antacid 500 MG Oral Tablet,Give 1 tablet by mouth every 8 hours as needed for Heartburn
Juven Powder (Nutritional Supplements) Give 1 packet Mix with 1-2 oz of liquids (up to 10oz) by mouth twice a day for Support Wound Healing for 29 Administrations Mix with 1-2 oz of liquids (up to 10oz)
Humalog - Insulin Lispro Recombinant 0 100 UNIT/ML ,Inject 12 unit subcutaneous before meal Inject 12 unit subcutaneously before meals for DM. Hold if FS <120
Humalog Insulin - Insulin Lispro Recombinant 0 100 UNIT/ML Injection Solution subcutaneous as necessary Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 0 - 200 = 0 unit Follow hypoglycemia protocol and notify MD for blood sugar < 70; 201-250 = 2 units; 251-300 = 4 units; 301-3506 units; 351-400 = 8 units; 401+ Notify MD, subcutaneously before meals for DM
Insulin Glargine-yfgn 0 100 UNIT/ML Subcutaneous Solution Inject 35 unit subcutaneous at bedtime for DM

Prognosis fair	**Mental and Psychosocial Status** COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Ambulation	**Activities Permitted** Walker
DME & Supplies diabetic supplies, bath bench, walker, hospital bed, wound care supplies	**Safety Measures** walker precautions, medication safety, fall precautions, diabetic precautions, ambulates with device, standard precautions, bathroom safety, activity supervision
Nutrition diabetic	**Allergies** no known allergies

Advance Directives	Caregiver Status
Durable power of attorney for health care/Medical power of attorney	1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: physician-ordered wound care

PT Eval

OT Eval

4 - Recertification SN

4 - Recertification SN

4 - Recertification SN

4 - Recertification SN

4 - Recertification SN

4 - Recertification

SN CAREPLAN

SN frequency WK1: 2 (09/13/26-09/19/26),WK2: 2 (09/20/26-09/26/26),WK3: 2 (09/27/26-10/03/26),WK4: 2 (10/04/26-10/10/26),WK5: 1 (10/11/26-10/17/26),WK6: 1 (10/18/26-10/24/26),WK7: 1 (10/25/26-10/31/26),WK8: 1 (11/01/26-11/07/26),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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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; 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:Durable power of attorney for health care/Medical power of attorney

PROCEDURES: physician-ordered wound care: #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum -: Sacrum: Clean the wound with normal saline and apply aquacel alginate, cover with a bordered foam dressing. change daily. or PRN when soiled., Medication Review- : Medications reviewed with patient/caregiver

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary modifications for liver disorder, 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

SN NARRATIVE

The patient is being recertified due to an unhealed sacral wound with measurements LXWXD = 2.5X1.0X1.0. Wound care orders are to cleanse with normal saline, apply aquacel alginate and cover with a bordered foam dressing. Change dressing daily or PRN when solied. The wound is red, has no odor. His vitals were WNL. Respiration is even and unlabored. Blood glucose level is being monitored by the facility staff. Medication review was also completed with both the patient and facility staff. No changes were made. Will continue to follow the plan of care.

SN GOALS

PATIENT-STATED GOAL: For wound to heal

GOALS
patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* dietary modifications for liver disorder
* 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/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
OT CAREPLAN OT frequency 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 - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent	**OT NARRATIVE** 65 year old male presenting to skilled OT services s/p hospitalization secondary to fall. Patient previously resided with aunt who assisted with IADLS. Patient completed basic self care, functional transfer and functional ambulation tasks. Patient currently presents independent with basic self care, functional transfer and functional ambulation tasks utilizing RW. Skilled OT services not currently recommended at this time secondary patient functioning at baseline. Patient will receive supervision from assisted living staff in facility he now resides in. **OT GOALS** PATIENT-STATED GOAL: Evaluation only GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent

PT CAREPLAN
PT frequency

PROCEDURES: Medication review: The medication was reviewed with the patient , Home Exercises: SLR, LE ABD/ADD, LONG ARC , MARCHING , MINI SQUAT AND HEEL RAISES 10X2 REPS

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT NARRATIVE
The patient is weak and confused intermittently. The patient has multiple decubitus, and has unsteady gait. The patient lives in ALF. The patient needs assistance to safely transfer and ambulate with walker. The patient was taught home exercises : SLR, LE ABD/ADD, LONG ARC , MARCHING AND MINI SQUATS AND HEEL RAISES --10X2 REPS .The patient was trained in safe use of the walker.

PT GOALS
PATIENT-STATED GOAL: To get stronger and walk better

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

1 - Step (curb) - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

4 Steps - 05. Setup or clean-up assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/10/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 11/04/2025

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.

Certifying Physician or Allowed Practitioner Name and Address **Sandra Ferguson**
1518 Philadelphia Rd
Joppa, MD 21085
NPI 1295285047

Phone Number 410-299-2314

Fax Number 14108017107

Physician's Signature and Date Signed

X

Sandra Ferguson, FNP-BC
11/04/2025: Date of physician last face-to-face