HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1150/22094

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
7AQ5UR3MJ60	07/20/2026	09/18/2026 - 11/16/2026	27793	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Elizabeth Hall 1315 Chesaco Avenue Apt 114 Rosedale, MD 21237	Female	05/26/1947	4435965974
	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 a 79-year-old female with a past medical history significant for chronic atrial fibrillation, heart failure with preserved ejection fraction (HFpEF), chronic kidney disease stage 3, peripheral arterial disease (PAD), and a prior left middle cerebral artery (MCA) stroke. The patient was assessed during today's skilled nursing visit and was found to be clinically stable with no acute distress observed. Vital signs were obtained and remained within acceptable parameters. The patient denied chest pain, shortness of breath at rest, dizziness, or any other acute complaints. A comprehensive nursing assessment and cardiovascular assessment were completed without complications. A thorough skin assessment revealed that the previously documented left lower extremity ulcer has completely healed with intact skin. No open wounds, drainage, erythema, signs of infection, or new pressure injuries were identified. Preventive skin care measures were reinforced, and continued skin surveillance remains part of the patient's ongoing plan of care. Medication reconciliation was completed, and the patient's medication regimen was reviewed with the patient and caregiver. The patient reported adherence to all prescribed medications without adverse effects. Education was provided regarding medication compliance, recognition of signs and symptoms of worsening heart failure and stroke, bleeding precautions associated with anticoagulation therapy for atrial fibrillation when applicable, and indications for notifying the physician. Additional teaching included reinforcement of a low-sodium diet, prescribed fluid management, chronic kidney disease-friendly dietary recommendations, daily weight monitoring, edema surveillance, fall prevention, infection prevention, and recognition of emergency symptoms requiring immediate medical attention. The plan is to continue skilled nursing services for ongoing cardiovascular assessment and monitoring, renal status monitoring, medication management and education, continued skin surveillance and preventive skin care, reinforcement of disease process management related to atrial fibrillation.

Physician Statement on Homebound Status:

Due to diagnosis of Other atherosclerosis of native arteries of extremities, left leg, 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.

HFpEF, chronic kidney disease, peripheral arterial disease, and prior stroke, as well as coordination of care with the primary care provider and specialists as indicated. The patient remained clinically stable throughout the visit and tolerated the assessment without complications. A skilled occupational therapy evaluation was also completed following hospitalization and subsequent subacute rehabilitation for atrial fibrillation. Prior to hospitalization, the patient resided alone in a senior apartment and was independent with basic self-care, functional transfers, and household ambulation, while receiving assistance from her daughter for instrumental activities of daily living. At the time of evaluation, the patient demonstrated independence with basic self-care, functional transfers, and functional ambulation within the home without the use of an assistive device. No deficits requiring ongoing occupational therapy intervention were identified. Skilled occupational therapy evaluation was completed, and no additional OT services are warranted at this time.

Date of Order
09/14/2026
Orders
Physician Face-to-Face Date: 07/06/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Other atherosclerosis of native arteries of extremities, left leg
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

4 - Recertification Notes: The patient is recertified due to unhealed scattered wounds on her left lower extremity. She was placed on Doxycycline Hyclate 100mg 1 tablet twice a day for 7 days for cellulitis and started the PO ABT the same day, with no side effects observed or reported. She denies pain, SOB, or dizziness; her vitals were WNL, and respiration is even and unlabored.

Physician
Tammara, Anita

ICD-10 CM Principal Diagnosis: I70.292. Oth athscl native arteries of extremities left leg

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I69.320	Aphasia following cerebral infarction	Tylenol Es - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for pain Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for hyperlipidemia Dabigatran Etexilate Mesylate 150 MG / 1 Capsule by mouth twice a day for Afib/recurrent LLE DVT's DIGOXIN 125 MCG / 1 Tablet by mouth one time a day for heart failure. Hold if <60 Diltiazem Hydrochloride - Diltiazem Hydrochloride 90 MG / 1 Tablet by mouth in the morning for HTN HOLD FOR SBP <110 OR HR <60 Dulcolax - Bisacodyl Suppository 10 MG / Insert 1 suppository rectally every 24 hours as needed for promote bm if miralax ineffective Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG tablet by mouth in the evening for ANXIETY MELATONIN 3 MG / 1 Tablet by mouth once a day every 24 hours as needed for insomnia give at hs
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	
I50.30	Unspecified diastolic (congestive) heart failure	
N18.30	Chronic kidney disease stage 3 unspecified	
I48.20	Chronic atrial fibrillation unspecified	

F41.9	Anxiety disorder unspecified	Metoprolol Tartrate - Metoprolol Tartrate 50 MG / 1 Tablet by mouth two times a day for HTN hold Sbp less than 110 and heart rate less than 50 MIRALAX Powder 17GM/SCOOP / Give 1 scoop by mouth every 24 hours as needed for Bowel Regimen Dissolve in 4oz of water; hold for loose stools Tramadol Hcl - Tramadol Hydrochloride 50 MG / 1 Tablet by mouth every 8 hours as needed for pain 7-10 Senna S - Senna 8.6-50 MG / 1 Tablet by mouth twice a day for bowel regimen Hold for loose stools Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray nasal as necessary every 3 minutes for suspected opioid overdose 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive. Notify provider Zoloft - Sertraline Hydrochloride eq 25 mg base Take 1 tablet by mouth in the morning Depression
E78.5	Hyperlipidemia unspecified	
F51.01	Primary insomnia	
Z79.01	Long term (current) use of anticoagulants	
Z86.718	Personal history of other venous thrombosis and embolism	

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 Endurance	**Activities Permitted** No Restrictions
DME & Supplies wound care supplies, hand held shower, grab bars, bath bench	**Safety Measures** standard precautions, medication safety, , fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, , activity supervision
Nutrition regular	**Allergies** no known allergies

Advance Directives	Caregiver Status
Yes	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	SN: patient will be responsible for managing treatment

Orders for Discipline and Treatment:
4 - Recertification

SN CAREPLAN

SN frequency WK2: 1 (09/20/26-09/26/26),WK3: 1 (09/27/26-10/03/26),WK4: 1 (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 (11/08/26-11/14/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 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:Yes

09/16/2026 Problems : #2 - Blister - Anterior Left Foot - New burst blister upper LLE
abnormal blood pressure

PROCEDURES: physician-ordered wound care: #1 - Abrasion - Other - Left shin - Patient scrapped her left shin while in the hospial.: Clean with normal Saline, apply xeroform and cover with Kerlix., physician-ordered wound care: #1 - Abrasion - Other - Left shin - Patient scrapped her left shin while in the hospial.: Clean with normal Saline, apply xeroform and cover with Kerlix., physician-ordered wound care: #2 - Blister - Anterior Left Foot - New burst blister upper LLE: Clean with normal Saline, apply xeroform and cover with kerlix.

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with dementia coping strategies for the caregiver*. related medication(s)

SN NARRATIVE

The patient is being recertified due to unhealed scattered wounds on her left lower extremity. She was seen by the MD on Friday 9/11/26 and was placedvon Doxycycline Hyclate 100mg 1 tablet twice a day for 7 days for cellulitis. She denies pain, SOB or dizziness. Her vitals were WNL. Respiration is even and unlabored. Will continue to follow the plan of care.

The patient is being recertified due to unhealed scattered wounds on her left lower extremity. She was seen by the MD on Friday 9/11/26 and was placed on Doxycycline Hyclate 100mg 1 tablet twice a day for 7 days for cellulitis. She started the PO ABT the same day, no side effects were observed or reported. She denies pain, SOB or dizziness. Her vitals were WNL. Respiration is even and unlabored. Will continue to follow the plan of care.

SN GOALS

PATIENT-STATED GOAL: For wounds to heal

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
* 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
* 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
* 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
* 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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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, * 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 administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	
OT CAREPLAN	

PT CAREPLAN	

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/14/2026

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: 07/06/2026	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 **Anita Tammara** 9000 Franklin Square Dr Baltimore, MD 21237 NPI 1578851986	**Phone Number** 4437778300 **Fax Number** 18665095858

Physician's Signature and Date Signed

X

Anita Tammara, MD
07/06/2026: Date of physician last face-to-face