HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022109

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
35141806	09/15/2026	09/15/2026 - 11/13/2026	30166	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Nancy Buscarino 103 Eastford Court PARKVILLE, MD 21234	Female	09/22/1940	(410) 665-0576
	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 an 86-year-old female with a past medical history significant for cardiomyopathy, hypertension, bipolar disorder with depression, GERD, chronic constipation, cystocele, intestinal vascular disease, and other comorbidities. She was hospitalized after presenting with acute diarrhea, bloody stools, abdominal pain, and dizziness following the use of a stimulant laxative. She was diagnosed with ischemic colitis and treated with IV fluids and antibiotics for seven days before being discharged to a rehabilitation facility. Upon assessment, the patient was alert and oriented 4 and denied pain, dizziness, or lightheadedness but reported fatigue. She is independent with ADLs and resides with her sister. Assessment revealed excoriation of the buttocks and sacral area; orders are in place to cleanse the area with soap and water and apply zinc oxide paste and Greer's Goo. Vital signs were within normal limits. The patient ambulates slowly without an assistive device. She and her sister declined physical therapy evaluation, stating that the patient is able to negotiate stairs without falling.<o:p></o:p>

Date of Order<o:p></o:p>
09/15/2026<o:p></o:p>
Physician Face-to-Face Date:
08/07/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Hypo-osmolality and hyponatremia<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: Varghese, Jisha

Physician Statement on Homebound Status:

Due to diagnosis of Hypo-osmolality and hyponatremia, 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

ICD-10 CM Principal Diagnosis: E87.1. Hypo-osmolality and hyponatremia

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I77.4	Celiac artery compression syndrome	RISPERIDONE 0.5 mg tablet mouth two times a day related to BIPOLAR DISORDER, UNSPECIFIED (F31.9)

I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease
N18.31	Chronic kidney disease stage 3a
D63.1	Anemia in chronic kidney disease
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene
I42.9	Cardiomyopathy unspecified
I08.0	Rheumatic disorders of both mitral and aortic valves
L30.4	Erythema intertrigo
L24.A2	Irritant cntct derm d/t fecal urinry or dual incontinence
B37.2	Candidiasis of skin and nail
I44.7	Left bundle-branch block unspecified
F31.9	Bipolar disorder unspecified
K21.9	Gastro-esophageal reflux disease without esophagitis
N81.10	Cystocele unspecified
K59.09	Other constipation
Z86.19	Personal history of other infectious and parasitic diseases

to BIPOLAR DISORDER, UNSPECIFIED (F31.9)
Saccharomyces boulardii Oral Capsule 250 MG tablet mouth two times a day for 90 days for probiotic/CDiff
BACITRACIN ZINC AND POLYMYXIN B SULFATE % topically every shift Apply to Groin area for Redden area After each incontinent episode
Greers Goo Cream 1g topically every shift Apply to PERINEAL Cutaneous Candid for HEALING
CARVEDILOL 12.5 mg tablet mouth two times a day for HTN
ACETAMINOPHEN tablet mouth every 8 hours as needed for pain
MAGNESIUM 400mg, take 1tablet mouth one time a day for supplement
SENNA-S tablet mouth two times a day for Bowel regimen
PREMARIN 0.625 mg gram vaginally one time a day every Mon, Fri for Osteoporosis
SERTRALINE tablet mouth at bedtime for Depression
MULTIVITAMIN 1 tablet mouth one time a day for Supplement
MELATONIN tablet mouth every 24 hours as needed for Insomnia
FAMOTIDINE 40 mg tablet mouth at bedtime for GERD
ERGOCALCIFEROL 1 tablet mouth one time a day for Supplement
DIVALPROEX 125 mg tablet mouth two times a day for Bipolar
CALCIUM 1 tablet mouth one time a day for Supplement
CYANOCOBALAMIN 1 tablet mouth one time a day for Supplement

Prognosis fair	**Mental and Psychosocial Status** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes
Functional Limitations Bowel/Bladder Incontinence, Endurance, Ambulation	**Activities Permitted** Up As Tolerated, Exercises Prescribed, No Restrictions, Bedrest BRP, Wheelchair
DME & Supplies None of the above	**Safety Measures** emergency phone # clearly displayed, smoke detectors , transfer with assist, supervision at all times, hand rails, cardiac precautions, ambulates with assistance, ambulates with device, medication safety, fall precautions, child-safe environment, standard precautions, bathroom safety, hip precautions, activity supervision
Nutrition regular, cardiac diet	**Allergies** penicillin

Advance Directives
MOLST

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

Rehabilitation Potential
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

DISCHARGE PLAN:
SN: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:
1 - SOC - SN

PT Eval

SN CAREPLAN

SN frequency WK1: 1 (09/15/26-09/19/26),WK2: 1 (09/20/26-09/26/26),WK3: 1 (09/27/26-10/03/26),WK4: 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: 2. Unintentional weight loss of a total of 10 pounds or more 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.
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:MOLST

09/16/2026 Problems : balance deficit (NR)
daytime fatigue (NR)
difficulty sleeping (NR)
frequent urination (GU)
#1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum -
M1033 - Unintentional Weight Loss
M1400 - Dyspnea

SN NARRATIVE

The patient is an 85 year old female with a PMHx of, cardiomyopathy, hypertension, bipolar disorder with depression, GERD, chronic constipation, cystocele, intestinal vascular disease, etc. The patient was hospitalized after presenting with acute diarrhea, bloody stools, abdominal pain, and dizziness following the use of a stimulant laxative. She was treated for ischemic colitis and was treated with IV fluids and antibiotics for 7 days. She was later discharged to a rehabilitation facility. On assessment, she is alert and oriented x4. She denies pain, dizziness or lightheadedness,. She reports fatigue. She's independent with ADL's. Lives with her sister. Her buttocks and sacrum are excoriated. She has an order to wash with soap and water, apply zinc oxide paste and greers goo. Her vitals were WNL. She ambulates slowly without an assistive device. She and her sister refused to be seen by the physical therapist, claiming that she can climb the stairs without falling.

SN GOALS

PATIENT-STATED GOAL: For the sacral excoriation to clear

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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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
* preventing pressure ulcer recurrence
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

M2020 - Oral Med Management
abnormal blood pressure
muscle weakness
skin breakdown r/t incontinence
D0160 - Depression
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M1610 - Urinary Incontinence
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum -: Sacral wound: wash with soap and water and apply zinc oxide and greers goo., bladder training, teach/coordinate/arrange medication packaging and/or administration

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, * 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 preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/15/2026

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: 08/07/2026	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 **Jisha Varghese** 5601 Loch Raven Blvd Baltimore, MD 21239 NPI 1881202570	**Phone Number** 4106614670 **Fax Number** 14106614671

Physician's Signature and Date Signed

X

Jisha Varghese, MD
08/07/2026: Date of physician last face-to-face