# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 115021480**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 8EP8RJ8NX28 | 08/21/2026 | 08/21/2026 - 10/19/2026 | 25351 | 217058 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Shirley Smithers**<br>221 Harbor Dr<br>Severna Park, MD 21146 | Female | 05/11/1943 | 410-458-5278 |
| | **Email**<br>grandmapattycakes@yahoo.com | | **Primary Language**<br>English |

## Clinical Profile

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

**Clinical Condition Requiring Homecare:**

Start of care (SOC) consent was signed. Patient is an 83-year-old female with a past medical history of hypertension (HTN), hyperlipidemia (HLD), gallbladder disease, deep vein thrombosis (DVT), breast cancer status post bilateral mastectomy, type 2 diabetes mellitus (T2DM), skin cancer, and bilateral knee arthritis. Patient is alert and oriented 3 and denies chest pain, shortness of breath on exertion, fever, nausea, or vomiting. Lungs are clear to auscultation, abdomen is flat with normoactive bowel sounds, and last bowel movement was this morning. Assessment completed with vital signs within acceptable parameters. Patient has a urinary tract infection (UTI). No edema noted; pedal pulses present. Skilled nursing provided medication reconciliation and education regarding medication effects and potential adverse reactions. Patient and daughter/caregiver were educated on infection precautions, including recognizing signs and symptoms of infection, proper hand hygiene, monitoring vital signs, and administration of IV antibiotics. Teaching and return demonstration of proper handwashing technique were completed, and the caregiver was instructed on how to initiate IV antibiotic administration. Patient and caregiver verbalized understanding of all teaching provided.<o:p></o:p>

Date of Order<o:p></o:p>
08/21/2026<o:p></o:p>
Physician Face-to-Face Date:
08/16/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Urinary tract infection site not specified<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: Spencer, Mary

**Physician Statement on Homebound Status:**

Due to diagnosis of Urinary tract infection site not specified, 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: N39.0. Urinary tract infection site not specified**

## Other Pertinent Diagnoses

| ICD-10 CM | Description | Medications |
|---|---|---|
| B96.6 | Bacteroides fragilis as the cause of diseases classd elswhr | Ibrance - Palbociclib 100mg; 1 tab by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY FOR 21 DAYS THE OFF FOR 7 DAYS EVERY 28 DAYS CYCLE<br>ALLOPURINOL 300 mg 300 mg tablet by mouth one time a day for Gout<br>Atorvastatin - Atorvastatin Calcium 10 mg / 1 Tablet by mouth at bedtime for HLD<br>CALCITRIOL 0.25mcg 0.25 mcg / 1 Capsule by mouth once a day for Hypocalcemia<br>Calcium Carbonate Antacid Oral Tablet Chewable 500 mg/tablet / Give 2 tablet by mouth three times a day for Indigestion<br>Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg tablet by mouth every 6 hours as needed for PAIN CONTROL<br>Potassium Chloride - Potassium Chloride Crystals ER 10 MEQ / 1 Tablet by mouth once a day for Hypokalemia<br>Rivaroxaban 20 mg / 1 Tablet by mouth at bedtime for LUE DVT<br>Senna - Senna 8.6 MG; 2 TABS by mouth once a day BOWEL REGIMEN<br>Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for Supplement<br>CLOPIDOGREL 75 mg 75 mg / 1 Tablet by mouth one time a day for dvt prophylaxis<br>DULOXETINE HYDROCHLORIDE 60 mg Delayed Release 60 mg / 1 Capsule by mouth one time a day for Depression<br>Ergocalciferol - Ergocalciferol 50,000 International Units 1 cap by mouth once a week wed<br>Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for Anemia<br>Iron-Vitamin C (Iron-Vitamin C) 65-125 MG / 1 Tablet by mouth once a day for Anemia<br>LINZESS 145 MCG / 1 Capsule by mouth in the morning for Chronic Constipation<br>FUROSEMIDE 40 mg 40 mg / 1 Tablet by mouth one time a day for Fluid Retention<br>Magnesium Oxide - Simethicone 400mg; 1 tab by mouth once a day supplement<br>Ibrance - Palbociclib 100 mg by mouth once a day 21 days on 7 days. Sequence starts after 7 days<br>Bactrim - Sulfamethoxazole: Trimethoprim 800-160 mg by mouth twice a day 1 tab every 12 hours for 7 days<br>Extra Strength Tylenol - Acetaminophen 1000 by mouth twice a day Pain or fever<br>Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray in nostril as needed for Suspected Opioid Overdose May repeat q 3 minutes in alternating nostrils until medics arrive<br>Meropenem - Meropenem 1gm/vial 200ml intravenous three times a day<br>MOMETASONE FUROATE 0.1 perc External Cream 0.1 % / Apply to Skin Folds topically one time a day for Excoriation |
| B96.1 | Klebsiella pneumoniae as the cause of diseases classd elswhr | |
| B96.89 | Oth bacterial agents as the cause of diseases classd elswhr | |
| E78.2 | Mixed hyperlipidemia | |
| D63.0 | Anemia in neoplastic disease | |
| F32.A | Depression unspecified | |
| I48.91 | Unspecified atrial fibrillation | |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy | |
| M17.9 | Osteoarthritis of knee unspecified | |
| K42.9 | Umbilical hernia without obstruction or gangrene | |
| E55.9 | Vitamin D deficiency unspecified | |
| I50.9 | Heart failure unspecified | |
| G31.84 | Mild cognitive impairment of uncertain or unknown etiology | |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | |
| M1A.0790 | Idiopathic chronic gout unsp ankle and foot without tophus | |
| E66.9 | Obesity unspecified | |
| K59.09 | Other constipation | |
| E83.51 | Hypocalcemia | |
| Z85.828 | Personal history of other malignant neoplasm of skin | |
| Z85.3 | Personal history of malignant neoplasm of breast | |
| Z85.830 | Personal history of malignant neoplasm of bone | |
| Z86.718 | Personal history of other venous thrombosis and embolism | |
| Z87.891 | Personal history of nicotine dependence | |
| Z45.2 | Encounter for adjustment and management of VAD | |
| Z79.02 | Long term (current) use of antithrombotics/antiplatelets | |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | |
| Z79.01 | Long term (current) use of anticoagulants | |
| Z99.3 | Dependence on wheelchair | |

**Prognosis**
fair

**Mental and Psychosocial Status**
COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**Functional Limitations**
Dyspnea With Minimal Exertion, Ambulation, Endurance

**Activities Permitted**
Walker, Wheelchair, Up As Tolerated

**DME & Supplies**
wheelchair, walker, , IV supplies, hospital bed, hand held shower, grab bars, diabetic supplies, commode, bath bench, 4 wheeled walker,

**Safety Measures**
wheelchair precautions, walker precautions, standard precautions, , medication safety, infectious material management, hand rails, fall precautions, diabetic precautions, bleeding precautions, bedrails up while in bed, bathroom safety, , avoid temperature extremes, anticoagulant precautions, ambulates with device, , activity supervision

**Nutrition**
Z. NO PHYSICIAN-ORDERED DIET

**Allergies**
no known allergies

| Advance Directives | Caregiver Status |
|---|---|
| POLST (Physician Orders for Life-Sustaining Treatment) | 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** | **DISCHARGE PLAN:** |
| SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities. | patient will be responsible for managing treatment |

**Orders for Discipline and Treatment:**
1 - SOC - SN

## SN CAREPLAN

SN frequency WK1: 1 (08/21/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 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: 1. History of falls (2 or more falls - or any fall with an injury - 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:POLST (Physician Orders for Life-Sustaining Treatment)

08/21/2026 Problems : #1 - IV Access - Central - Anterior Right Upper Arm - M1600 - UTI
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
abn cholesterol > 200 mg/dL
difficulty sleeping

## SN NARRATIVE

SOC consent sign
Patient is a 83 year old female, with PMH HTN, HLD, gallbladder, DVT, breast cancer, double mastectomy, T2DM, skin cancer, arthritis in both knees.

Patient is alert and oriented x3, denies chest pain, SOB on exertion, fever, nausea and vomitting. Patient lungs clear on auscultation, abdomen flat with normoactive bowel sounds. LBM this morning. Assessment completed with vital signs within acceptable parameters. Patient has a uti. Skilled nursing provided education to the patient and caregiver on infection precautions, including recognizing signs and symptoms of infection, and when to notify the provider. Instruction was also provided on proper hand hygiene. Patient and caregiver verbalized understanding of all teaching. Skilled nursing reconciled medical, education on effects and adverse reaction. No edema and pedal pulse present.

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SOC consent sign

Patient is a 83 year old female, with PMH HTN, HLD, gallbladder, DVT, breast cancer, double mastectomy, T2DM, skin cancer, arthritis in both knees.

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## SN GOALS

PATIENT-STATED GOAL: I want to be infection free

GOALS
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

daytime fatigue
weak hand grips
balance deficit
muscle weakness
muscle spasms
limited strength
painful urination
constipation
heartburn/indigestion
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
M2102c - Med Admin
D0160 - Depression
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - IV Access - Central - Anterior Right Upper Arm -: Change PICC dressing every 7 days dressing .and PRN if dressing is loose, soiled, wet, or compromised. Perform using sterile technique and facility-approved antiseptic and dressing supplies. Assess insertion site and catheter for redness, swelling, drainage, tenderness, or other signs of infection. Replace needleless connector/cap per facility policy. Document dressing change, site assessment, and patient tolerance., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, glucose testing via monitor, urinalysis: Please obtain urine culture 3 days after ABX completed which will be 8/27/26. Send results to CHARLES MARKHAM DPM: 1202 ANNAPOLIS RD STE B, ODENTON, MD 21113, Ph (410) 672-0464,

Fax (410) 356-6373 NPI: 1649271099, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, infusion therapy: Inject 1 g every 8 hours by intravenous route for 7 days, for complicated UTI + bacteroides

fragiles citrobacter freundi/braaki, enterobacter cloaca and klebsiella pneumonia.

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 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, * 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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

* 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
* 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

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

| | |
|---|---|
| | **PT GOALS** |

**Signature and Date of Verbal SOC Where Applicable:**
Electronically signed by: Charles Messick RN on 08/21/2026

| | |
|---|---|
| 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.<br>F2F date: 08/16/2026 | 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** **Mary Spencer**<br>8061 Springfield Rd<br>Glenn Dale, MD 20769<br>NPI 1073966735 | **Phone Number** 4343909561<br><br>**Fax Number** 18339082239 |

**Physician's Signature and Date Signed**

**X**

**Mary Spencer, MD**
08/16/2026: Date of physician last face-to-face