Home Health Certification and Plan of Care

Order ID: 1150/11810

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
76164347	08/12/2025	From: 08/12/2025 To: 10/10/2025	1170	217058

6. Patient's Name and Address
Frederick Fischer
7879 Oakdale Avenue,
Baltimore, MD 21237-
443-938-2599

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 03/03/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T87.89	Other complications of amputation stump	08/12/25

13. ICD	Other Pertinent Diagnoses	Date
T87.44	Infection of amputation stump left lower extremity	08/12/25
L03.115	Cellulitis of right lower limb	08/12/25
G54.6	Phantom limb syndrome with pain	08/12/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/12/25
I10.	Essential (primary) hypertension	08/12/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/25
E78.00	Pure hypercholesterolemia unspecified	08/12/25
K59.00	Constipation unspecified	08/12/25
F43.22	Adjustment disorder with anxiety	08/12/25
F32.A	Depression unspecified	08/12/25
Z89.612	Acquired absence of left leg above knee	08/12/25
Z79.2	Long term (current) use of antibiotics	08/12/25
Z79.4	Long term (current) use of insulin	08/12/25
Z79.82	Long term (current) use of aspirin	08/12/25
Z87.891	Personal history of nicotine dependence	08/12/25

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

Glucophage - Metformin Hydrochloride 1gm 1000mg, 1 tablet by mouth twice a day With meals
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg, 1 tablet by mouth once a day Each day
Tylenol - Acetaminophen 325mg, 2 tablets by mouth every 4 hours as needed for pain
Lipitor - Atorvastatin Calcium eq 40 mg base 40mg, 1 tablet by mouth in the morning
Aspirin 81Mg - Aspirin 81mg, 1 tablet by mouth once a day CAD, PAD
Lasix - Furosemide 40 mg 40MG; 1/2 TAB by mouth once a day each day in the morning
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17G; 1 PACKET by mouth once a day AS NEEDED FOR CONSTIPATION
Senna - Senna 8.6MG; 2 TABS inhalant in the evening AS NEEDED FOR CONSTIPATION
Dilaudid - Hydromorphone Hydrochloride 4 mg 4MG; 1 TAB by mouth every 6 hours AS NEEDED FOR PAIN
Humulin nph insulin kwikpen(Isophane) 100unit/ml(3ml) ,inject 10 units subcutaneous twice a day DM2
Augmentin '875' - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base take 1 tablet by mouth twice a day X 14 days For cellulitis .
Cymbalta - Duloxetine Hydrochloride 60 mg 30mg,1 capsule by mouth once a day
Gabapentin - Gabapentin 300 mg take 2 capsules by mouth three times a day Neuropathic pain.

14. DME and Supplies:
wheelchair, diabetic supplies, bath bench, walker, wound care supplies

15. Safety Measures:
infectious material management, medication safety, fall precautions, bleeding precautions, diabetic precautions, standard precautions, wheelchair precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial 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

20. Prognosis: fair

22. A 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: 9. Not Applicable

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other complications of amputation stump, 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 a 71-year-old male with a past medical history of type 2 diabetes mellitus, hypertension, and phantom limb pain. He has a left above-knee amputation (AKA) with a surgical site that is left open to air (LOTA), with staples intact and pending removal by the surgeon. He also presents with right leg cellulitis and open wounds to the right lower extremity (RLE). A wound care regimen has been ordered, involving daily dressing changes with alternating gauze soaks using Dakin's 1/4 strength solution and acetic acid. Detailed wound care instructions were provided, including gentle cleaning, soaking with solution-specific gauze, irrigation with normal saline, and application of xeroform gauze followed by dry dressings. The patient reports a pain level of 5, and pre-medication for pain is advised prior to dressing changes. Teaching on clean wound care techniques was provided to the patient's spouse, who verbalized understanding. The patient also presents with +2 edema in the right foot and was advised to keep the leg elevated while seated or lying down. Current vital signs are stable. The patient remains wheelchair-bound but is independent with transfers and wheelchair mobility. His left AKA wound remains non-healing, and he continues to have a right foot ulcer. He was educated on lower extremity and stump conditioning exercises. At this time, there is no indication for physical therapy until he is ready for prosthesis training. The patient expressed interest in receiving a prosthetic limb for his left leg. He spends most of his time in a wheelchair, and his family remains actively involved in his care. Wound care teaching and follow-up will continue on subsequent visits.

 Date of Order
 08/12/2025 Order
 Physician Face-to-Face Date: 08/07/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Other complications of amputation stump Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes:
 Physician: Chambers, Jerome

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jerome Chambers
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 14109337600 FAX: NPI: 1053978189

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 : 08/07/2025

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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SN WK1: 1 (08/12/25-08/16/25) ,WK2: 2 (08/17/25-08/23/25) ,WK3: 1 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 2 (09/07/25-09/13/25) ,WK6: 2 (09/14/25-09/20/25)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, open sores/lesions, #1 - Observable Surgical Wound - Anterior Left Above Knee - Left above knee amputation , #2 - Open Wound - Other - Anterior right lower leg -

PROCEDURES: Medication Review: Medication review done by the patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: RLE open wounds: Daily dressing change with alternating pre-dressing gauze soaks: Dakin's 1/4 strength solution and Acetic acid. Please pre-medicate the patient for pain prior to the dressing change 1) Carefully remove the old dressing, moistening with saline or Vaseline for removal as needed. Clean wounds gently with mild soap and water and a soft washcloth to remove exudate. Apply 5 min Gauze soak with 4x4 gauze: Acetic Acid ((Tu/Thurs/Sat), Dakin's 1/4 strength solution (MWE), remove gauze, soak and irrigate with NS flush, pat dry, and apply xeroform gauze. Apply dry dressing: 4x4 gauze, soft washcloth, Abd pad(s), kerlix wrap secured with tape. Left AKA: LOTA, 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 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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-STATED GOAL: For wounds to heal

GOALS
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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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
* 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
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* 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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/12/25-08/16/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, wheelchair training, transfers training

PT Goals

PATIENT-STATED GOAL: To walk with prosthesis

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/12/2025

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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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

* 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT WK1: 1 (08/12/25-08/16/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: equipment training, work simplification/energy conservation, transfers training, assist with bathing, therapeutic exercises

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, 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 Goals

PATIENT-STATED GOAL: Get in the shower

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/12/2025