Home Health Certification and Plan of Care

Order ID: 1150/11822

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14303574	08/28/2025	From: 08/28/2025 To: 10/26/2025	16705	217058

6. Patient's Name and Address

Ronald Jackman
2120 Nuttal Avenue,
EDGEWOOD, MD 21040-
667-657-0037

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 08/24/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	08/28/25

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/28/25
I11.0	Hypertensive heart disease with heart failure	08/28/25
I50.9	Heart failure unspecified	08/28/25
E78.5	Hyperlipidemia unspecified	08/28/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/28/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/28/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/28/25
F17.210	Nicotine dependence cigarettes uncomplicated	08/28/25
I25.2	Old myocardial infarction	08/28/25
H54.40	Blindness one eye unspecified eye	08/28/25
R32.	Unspecified urinary incontinence	08/28/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/28/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/28/25
Z89.611	Acquired absence of right leg above knee	08/28/25

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

Aspirin 81Mg - Aspirin 81 mg, Give 1 tablet by mouth once a day Blood thinner
Torsemide - Torsemide 20 MG , Give 1 tablet by mouth twice a day for CHF, fluid pill
Metoprolol Succinate - Metoprolol Succinate 25 MG , Give 1 tablet by mouth once a day ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 1 tablet by mouth one time a day for HTN Hold &Notify MD/NP for SBP Less than 110, HR Less than 55
Jardiance - Empagliflozin 25 mg, Give 0.5 tablet by mouth once a day Give 12.5 mg po daily T2DM and heart
Incruse Ellipta - Umeclidinium Bromide 62.5 mcg/ACT 1 puff inhalant once a day COPD
Acetaminophen - Acetaminophen 500 mg, Give 2 tablets by mouth every 6 hours for pain
Flomax - Tamsulosin Hydrochloride 0.4 mg, Give 1 capsule by mouth once a day for urinary retention, BPH
Atropine Sulfate - Atropine Sulfate 1% drops every 12 hours in right eye, Eye drop
Gabapentin - Gabapentin 300 mg, Give 1 capsule by mouth three times a day for Neuropathy
Atorvastatin Calcium - Atorvastatin Calcium 20 mg, Give 1 tablet by mouth in the morning Cholesterol
Albuterol Sulfate - Albuterol Sulfate 1 puff inhalant every 4 hours as needed for wheezing
Spiriva Respimat - Tiotropium Bromide 2 puff inhalant twice a day COPD

14. DME and Supplies:

wheelchair, diabetic supplies, grab bars, commode, hospital bed

15. Safety Measures:

walker precautions, fall precautions, diabetic precautions, bleeding precautions, bedrails up while in bed, wheelchair precautions, cardiac precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

lactose levothryoxine pcn

18.A. Functional Limitations

Ambulation, Amputation

18.B. Activities Permitted

No Restrictions

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: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:

After undergoing Right Above-Knee Amputation Surgery, 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 significant for type 2 diabetes mellitus, hypertension, benign prostatic hyperplasia, right above-knee amputation (LOTA), left lower extremity edema with flexion deformity of the left knee, and brittle skin secondary to anticoagulant therapy. He is alert and oriented x4. Vital signs are within normal limits, lungs are clear to auscultation bilaterally, bowel sounds are active, and no respiratory distress was observed. The left leg demonstrates dry, cracked skin, and the patient was educated on the importance of routine cleansing and moisturizing to maintain skin integrity and prevent breakdown. He has a small skin tear on the left arm, which was covered with a bandage. No pain, shortness of breath, nausea, vomiting, or fatigue were reported at this time. The patient is wheelchair bound but utilizes a transfer board with family assistance for transfers in and out of the wheelchair. He currently resides with family members in a trailer home. Family is actively involved in his care and supportive with mobility and activities of daily living. A message was sent to the primary care provider to request durable medical equipment, including a bariatric shower chair, commode, and home health aide services, to improve safety and independence in self-care. The patient has an appointment scheduled for prosthetic measurement tomorrow. A comprehensive medication review was completed with no discrepancies noted. Education was provided on diabetic management, skin care, and infection prevention, with the patient verbalizing understanding. Due to brittle skin and anticoagulation therapy, fall and skin tear precautions were reinforced. Therapy services were initiated to address deficits in strength, endurance, and functional mobility. Physical therapy instructed the patient in home exercise programs for the left lower extremity, including long arc quadriceps, hip abduction/adduction, marching, and stump conditioning exercises. Occupational therapy evaluation identified decreased standing balance, standing tolerance, bilateral upper extremity strength, and activity tolerance, resulting in reduced ability to perform self-care, functional transfers, and ambulation. Skilled OT and PT services are recommended to address these impairments, promote independence, and maximize safe return to prior functional status.
 Date of Order 08/28/2025 Orders Physician

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jenaro Hernandez
1001 Pine Heights Ave
Abingdon, MD 21229
PHONE: 410-515-5440 FAX: NPI: 1386935724

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 : 08/18/2025

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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Face-to-Face Date: 08/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Right Above-Knee Amputation Surgery 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 Hernandez, Jenaro

SN Careplans

SN WK1: 1 (08/28/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25)

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, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, muscle weakness, balance deficit, open sores/lesions, swell/redness surround. skin, #1 - Observable Surgical Wound - Anterior Right Above Knee - , #2 - Abrasion - Anterior Left Wrist/Hand - Skin tear

PROCEDURES: Medication review: Medication review done with patient/caregiver., physician-ordered wound care: Right AKA: Leave site open to air., glucose testing via monitor, bladder training

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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 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, * 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

SN Goals

PATIENT-STATED GOAL: To be able to walk on my own.

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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

08/28/2025

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PT WK2: 2 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) ,WK7: 1 (10/05/25-10/11/25) ,WK8: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, 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 patient , Home exercises : Long arc , le abd/add, slr, marching and stump conditioning exercises, Home exercises : Long arc , le abd/add, slr, marching and stump conditioning exercises, cough/deep breathing exercises, incentive spirometer, wheelchair training, transfers training

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 - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

PATIENT-STATED GOAL: The patient wants to walk again with prosthesis

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) ,WK7: 1 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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, assist with toilet transferring, assist with toileting hygiene, assist with transferring, 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 back to work

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	08/28/2025