

Home Health Certification and Plan of Care				Order ID: 1150/12031	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7YY2H01FW85		07/09/2025		From: 09/07/2025 To: 11/04/2025	
				4. Medical Record No.	
				14872	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
William Croll			HomeCentris Healthcare LLC		
721 Maiden Choice Ln apt 410,			10 Crossroads Drive, Suite 102		
CATONSVILLE, MD 21228-			Owings Mills, MD 21117-8284		
443-562-3686			410-321-8448		
			1487113239		
8. DOB			10/28/1941		
9. Sex			Male		
11. ICD		Principal Diagnosis		Date	
I87.2		Venous insufficiency (chronic) (peripheral)		07/09/25	
13. ICD		Other Pertinent Diagnoses		Date	
R60.0		Localized edema		07/09/25	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		07/09/25	
M24.561		Contracture right knee		07/09/25	
Z79.01		Long term (current) use of anticoagulants		07/09/25	
			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
			Tylenol - Acetaminophen 500mg; 1 tab by mouth three times a day as needed for pain		
			Tenormin - Atenolol 25 mg 25 mg , Take 1 tablet by mouth once a day daily for heart		
			Mucinex - Guaifenesin 30mg/600mg by mouth every 12 hours as needed for cough/congestion		
			Cyanocobalamin - Cyanocobalamin 1 mg 1000mcg; 1 tab by mouth once a day supplement		
			Pradaxa - Dabigatran Etxilate Mesylate 150 mg 150 mg , Take 1 capsule by mouth twice a day blood thinner		
			DimethiconeZnOx-Vit A-D-Aloe (A AND D DIAPER RASH CREAM) 1- 10 % Top Crea 1- 10 % Top Crea , Apply to affected area(s) topical as necessary Apply to affected area(s) as needed for rash under adult diaper (addition to orders for assisted living)		
			Aricept - Donepezil Hydrochloride 10 mg 10 Mg, Take 1 tablet by mouth at bedtime memory		
			Fluticasone - Fluticasone Furoate 50 mcg/actuation, Take 2 sprays Nasal once a day Take 2 sprays in each nostril daily as needed -- addition to orders for assisted living		
			allergis		
			Lasix - Furosemide 20 mg 20 mg, Take 1 tablet by mouth once a day daily for leg swelling		
			Amaryl - Glimepiride 4 mg 4 mg, Take 1 tablet by mouth in the morning every morning with a meal for Diabetes		
			Basaglar - Insulin Glargine 100 unit/mL SubQ Soln,Inject 41 units under the skin subcutaneous at bedtime DM		
			Xalatan - Latanoprost 0.005 %, Instill 1 Drop drops once a day Instill 1 Drop in affected eye(s) every evening		
			Cozaar - Losartan Potassium 25 mg 25 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for kidney and heart protection		
			Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 2 capsules by mouth at bedtime Take 2 capsules by mouth daily at bedtime for urinary symptoms		
			Timoptic - Timolol Maleate 0.5 %, Instill 1 Drop drops twice a day Instill 1 Drop in left eye 2 times		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/03/2025					
24. Physician's Name and Address			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.		
Karin Dodge			F2F date : 06/19/2025		
7670 Quaterfield Rd					
Glen Burnie, MD 21061					
PHONE: 18007777904 FAX: 14105087631 NPI: 1124186028					
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.		
			PAGE 1 of 3		

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			a day		
			Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium		
			875 mg;eq 125 mg base 875/125MG; 1 TAB by mouth twice a day CELLULITIS		
			FOR 10 DAYS		
			Clindamycin - Clindamycin Hydrochloride 300MG ; 1 CAP by mouth three		
			times a day FOR RLE CELLULITIS		
			FOR 5 DAYS		
			Fexofenadine Hcl: Pseudoephedrine Hcl - Fexofenadine Hydrochloride:		
			Pseudoephedrine Hydrochloride 180 by mouth once a day		
			Nystatin - Nystatin 100,000 units/gm 100000/gm topical twice a day Cream		
			is needed for seven days.		
			Hydrocortisone acetate Thin layer topical three times a day As needed, for		
			fungal rash		
14. DME and Supplies:			15. Safety Measures:		
hoyer lift, wheelchair			medication safety, fall precautions, wheelchair precautions, bathroom safety,		
			activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			Oxycodone Zocor		
18.A. Functional Limitations			18.B. Activities Permitted		
Contracture, Bowel/Bladder Incontinence			Wheelchair, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF		
			DEPRESSION:		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			another facility/provider will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Venous Insufficiency (Chronic) (Peripheral) , 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:extremity (RLE). Past medical history includes chronic venous stasis edema with associated inflammation of the RLE, right knee joint contracture, and a major neurocognitive disorder of unspecified etiology. Open wounds on the RLE have been present since 10/23/24. The patient currently resides in an assisted living facility (ALF), where nursing staff are managing wound care and medications. The patient is on oral clindamycin and Augmentin for cellulitis. Blood glucose levels are being monitored; the most recent finger stick reading was 121. At the time of assessment, the patient was alert and oriented to person, place, and time, though noted to be occasionally forgetful. The patient denied pain, shortness of breath, and demonstrated clear lung sounds. They reported a good appetite and had a bowel movement that day. The patient is incontinent of urine and stool, and is wheelchair-bound. Skin assessment revealed bilateral lower extremity hyperpigmentation and +1 edema of the RLE. The RLE wounds were noted to be weeping with copious serosanguinous drainage and surrounding maceration. The patient was discharged without wound care orders and has been receiving dry dressings only. Skilled nursing recommends initiating Alginate Ag dressings daily and as needed for drainage. The patient is scheduled to see a podiatrist on Monday, and wound care recommendations will be requested for provider approval through Kaiser.					
Date of Order:09/03/2025					
Orders:Physician Face-to-Face Date: 06/19/2025					
Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management due to Venous Insufficiency (Chronic) (Peripheral)					
Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
Recertification Notes: RECERT due to venous insufficiency.					
Physician:Dodge, Karin					
SN Careplans			SN Goals		
SN WK1: 1 (09/07/25-09/13/25) ,WK2: 1 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25) ,WK7: 1 (10/19/25-10/25/25)			PATIENT-STATED GOAL: I WANT MY LEGS TO HEAL		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings		
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			* physical exercise plan		
			* diet		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to optimize joint mobility with active and passive range of motion exercises		
			* fluid and diet intake to promote healing		
			* prevent constipation		
			* home safety		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			09/03/2025		

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Advance Directive:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: poor muscle tone, involuntary movement of extremity, itchy skin PROCEDURES: Physician Ordered Wound Care: To right foot wound- Cleanse with wound cleanser, apply skin prep to periwound. Apply calcium alginate AG, cover with foam dressing, wrap with kerlix, secure with tape. Change daily and as needed for loose/soiled dressing., Medication Review- Medications reviewed with patient/caregiver., cough/deep breathing exercises TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, 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, meal preparation is available to patient for all meals, Medication Review- Patient/Caregiver, related purpose and schedule of medications.		* pain control * 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/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals Medication Review- Patient/Caregiver recalls related purpose and schedule of medications. 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin 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		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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