Home Health Certification and Plan of Care

Order ID: 1150/12156

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7YY2H01FW85	07/09/2025	From: 09/07/2025 To: 11/04/2025	14872	217058

6. Patient's Name and Address
William Croll
721 Maiden Choice Ln apt 410,
CATONSVILLE, MD 21228-
443-562-3686

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 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 Etexilate 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:
Electronically Signed by Messick, Charles SN RN on 09/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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 : 06/19/2025

27. Attending Physician's Signature and Date Signed **09/17/2025**: 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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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: The patient was recently discharged from the hospital with a diagnosis of cellulitis and stasis dermatitis of the right lower 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
 4 - Recertification Notes: RECERT due to venous insufficiency. Physician Hamilton, ABigail

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 patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications	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 * pain control * recalls related medication(s) purpose, schedule
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:Living Will	patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule
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	patient/caregiver recalls

Signature of Physician: Date

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

Date: 09/03/2025

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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.

* 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
Electronically Signed by Messick, Charles SN RN	09/03/2025