Home Health Certification and Plan of Care

Order ID: 1150/12282

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99144378	08/30/2025	From: 08/30/2025 To: 10/28/2025	16815	217058

6. Patient's Name and Address

Robert Wynder
406 E 27th Street,
BALTIMORE, MD 21218-
410-258-0256

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 07/15/1964 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T82.868D	Thrombosis due to vascular prosth dev/grft subs	08/30/25

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/30/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/30/25
I10.	Essential (primary) hypertension	08/30/25
J45.20	Mild intermittent asthma uncomplicated	08/30/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/30/25
K43.9	Ventral hernia without obstruction or gangrene	08/30/25
E78.5	Hyperlipidemia unspecified	08/30/25
D64.9	Anemia unspecified	08/30/25
K59.00	Constipation unspecified	08/30/25
E87.5	Hyperkalemia	08/30/25
E66.9	Obesity unspecified	08/30/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	08/30/25
Z79.82	Long term (current) use of aspirin	08/30/25
Z79.01	Long term (current) use of anticoagulants	08/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/30/25
Z87.891	Personal history of nicotine dependence	08/30/25

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

Acetaminophen - Acetaminophen 325 MG , Give 650 mg , Take 2 tablets by mouth every 4 hours Give 650 mg by mouth every 4 hours as needed for mild pain 1-4 Take 2 tablets by mouth every 4 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) or Fever (lemp in PRN comment) (for fever > 38).
Amlodipine Besylate - Amlodipine Besylate Tablet 5 MG Give 1 tablet by mouth once a day Tablet 5 MG Give 1 tablet orally one time a day for HTN hold for SBP less than 110 or HR less than 60
Aspirin 81Mg - Aspirin 81 MG , Give 81 mg Tablet by mouth once a day Give 81 a mg by mouth one time a day for DVT prophylaxis Take 1 tablet by mouth daily.
Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth at bedtime Give 1 tablet orally at bedtime for dyslipidemia
Eliquis - Apixaban 2.5 MG , Take 1 tablet by mouth twice a day Give 2.5 mg by mouth two times a day for DVT prophylaxis Take 1 tablet by mouth 2 times daily.
Gabapentin - Gabapentin 600 MG , Give 1 tablet by mouth three times a day Give 1 tablet by mouth three times a day for nerve pain
Gentle Laxative Oral Tablet Delayed Release 5 MG (Bisacodyl) 5 MG , Give 5 mg Tablet by mouth once a day Give 5 mg by mouth every 24 hours as needed for constipation Take 1 tablet by mouth every 24 hours as needed for Constipation.
Glipizide - Glipizide 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DM
Losartan Potassium - Losartan Potassium 100 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN hold for SBP less than 110 or HR less than 60
Metformin Hcl - Metformin Hydrochloride 500 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DM with food
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 1 puff inhale inhalant every 6 hours 1 puff inhale orally every 6 hours as needed for shortness of breath rinse mouth after each use
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for overactive bladder
Ducolax - Bisacodyl 5 mg, 1 tablet by mouth once a day And PRN for constipation
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 tab by mouth every 4 hours Give 10 mg by mouth every 4 hours as needed for moderate pain 5-7 Take 1 tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain).

14. DME and Supplies:

cane, wound care supplies, wheelchair, walker, Crutches

15. Safety Measures:

ambulates with device, walker precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, anticoagulant precautions, ambulates with assistance, activity supervision

16. Nutrition:

diabetic, low sodium

17. Allergies:

trental shellfish

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Crutches, Walker

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: good

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

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

Homebound status: Due to diagnosis of Thrombosis due to vascular prosthetic devices, implants and grafts, subsequent encounter, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 08/15/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Robert Wynder 406 E 27th Street, BALTIMORE, MD 21218- 410-258-0256	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 61-year-old African-American male recently hospitalized for a right lower extremity deep vein thrombosis (DVT), which required a thrombectomy on 7/29/25. He has a complex medical history including type 2 diabetes mellitus (managed with oral hypoglycemics and diet), peripheral vascular disease, asthma, benign prostatic hyperplasia, muscle weakness, hypertension, morbid obesity, hyperlipidemia, GERD, hyperkalemia, and anemia. He resides in a multi-level townhouse that he is currently renovating, and lives with his daughter and granddaughter, who assist with transportation and some ADLs. The patient is alert and oriented, manages his own medications using a pill organizer, and takes Eliquis and oxycodone among other prescribed medications. He is currently homebound due to limited mobility and significant effort required to leave the home, with a Tinetti score of 12/28 indicating fall risk. Functionally, the patient presents with reduced standing balance, tolerance, and activity endurance, impacting his ability to complete self-care, transfers, and ambulation independently. He ambulates indoors with a rolling walker for short distances (approx. 25 feet) with supervision and verbal cues, and requires assistance with bed mobility and lower body dressing, especially when a wound VAC is in place. Swelling is noted in the right lower leg and foot (non-pitting; calf circumference: 40 cm, foot: 22 cm). Pain and weakness in the right leg limit participation in daily activities, with notably weak dorsiflexors and restricted ROM (-10). He tolerated therapeutic exercises in supine and was instructed to perform ambulation five times daily and to keep his right leg elevated. Skilled OT and PT services are recommended to improve strength, mobility, and return to independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/30/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Thrombosis due to vascular prosthetic devices, implants and grafts, subsequent encounter
 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:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Levine , Robert

SN Careplans

SN WK1: 1 (08/30/25-08/30/25) ,WK2: 4 (08/31/25-09/06/25) ,WK3: 3 (09/07/25-09/13/25) ,WK4: 4 (09/14/25-09/20/25), WK5: 3 (09/21/25-09/27/25), WK6: 3 (09/28/25-10/04/25), WK7: 3 (10/05/25-10/11/25), WK8: 3 (10/12/25-10/18/25), WK9: 3 (10/19/25-10/25/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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: meal preparation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Exhaustion, abnormal blood pressure, weak pulses in feet, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, swelling of affected area, limited range of motion, muscle spasms, limited endurance, limited strength, muscle weakness, Pain Effect on Sleep, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, rough/scaly/cracked skin, bleeding/discharge at site, red/tender pressure points, swell/redness surround. skin, bruising/discoloration, #1 - Observable Surgical Wound - Other - Outer right lower leg - Wound is beefy red with a moderate amount of drainage. No s/s of infection. Nurse cleansed wound with normal saline after removing old dressing. Applied 4x4s moistened with saline, covered with two ABD pads, wrapped with kerlix and secured with ace wrap. Patient tolerated with moderate discomfort , #2 - Observable Surgical Wound - Other - Inner right lower leg - This wound is healing, no opening areas, no s/s of infection. Nurse cleansed wound area with normal saline it was covered with the kerlix that covers the outer wound.

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Nurse/family/caregiver to cleanse wound with normal saline, apply contact layer to wound bed, place black foam in wound bed, apply skin prep to surrounding skin, apply drape, secure tubing and attach vac.Set suction to 125 mmHG continuously, on MWF. Rescue dressing: cleanse wound with normal saline, apply gauze moistened gauze to wound bed, cover with sterile ABD pads, secure with kerlix and wrap with ace wrap. Instruct patient on s/s of infection, on pain, bleeding and foam retention., wound vacuum, glucose testing via monitor: Follow-up on obtaining a glucose monitor, teach/coordinate/arrange medication packaging and/or administration

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * 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, * 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

SN Goals

PATIENT-STATED GOAL: "I want to be able to finish my house"

GOALS
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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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

caregiver performs medical/rehabilitation treatments with adequate

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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sugar testing diabetic foot care exercise diabetic diet, 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, caregiver performs medical/rehabilitation treatments with adequate competence

competence

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

PT Careplans

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 Effect on Sleep, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, Standing tolerance with feet flat on the floor. , Self stretching of hamstrings and Achilles tendon , incentive spirometer, gait training on uneven surfaces, gait training/stair 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 - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: Be able to walk like normal without pain

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
* 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

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Sit to Stand - 06. Independent

OT Careplans

OT WK2: 2 (08/31/25-09/06/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25)

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: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with transferring, therapeutic exercises, therapeutic exercises, assist with light housekeeping, assist with meal preparation

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 - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get back to work

GOALS
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

Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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