Home Health Certification and Plan of Care

Order ID: 1150/12345

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
961133423	09/16/2025	From: 09/16/2025 To: 11/14/2025	17454	217058

6. Patient's Name and Address

George Fugate
2509 Eugene Ave,
SPARROWS POINT, MD 21219-
443-570-2839

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 11/10/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.113	Cellulitis of right upper limb	09/16/25

13. ICD	Other Pertinent Diagnoses	Date
M00.9	Pyogenic arthritis unspecified	09/16/25
I82.621	Acute embolism and thrombosis of deep veins of r up extrem	09/16/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/16/25
I50.22	Chronic systolic (congestive) heart failure	09/16/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/16/25
N18.9	Chronic kidney disease u	09/16/25
I48.0	Paroxysmal atrial fibrillation	09/16/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/16/25
E78.5	Hyperlipidemia unspecified	09/16/25
J44.9	Chronic obstructive pulmonary disease unspecified	09/16/25
I77.819	Aortic ectasia unspecified site	09/16/25
K43.9	Ventral hernia without obstruction or gangrene	09/16/25
K83.09	Other cholangitis	09/16/25
I25.2	Old myocardial infarction	09/16/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/16/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/16/25
R91.1	Solitary pulmonary nodule	09/16/25
Z45.2	Encounter for adjustment and management of VAD	09/16/25
Z79.2	Long term (current) use of antibiotics	09/16/25
Z79.01	Long term (current) use of anticoagulants	09/16/25
Z79.4	Long term (current) use of insulin	09/16/25
Z86.0100	Personal history of colonic polyps	09/16/25
Z87.891	Personal history of nicotine dependence	09/16/25
Z95.1	Presence of aortocoronary bypass graft	09/16/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	09/16/25

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

Toprol Xl - Metoprolol Tartrate 25 MG , take 1 tablet by mouth once a day 1 tablet, Oral, 1 time daily Heart
Actigall - Ursodiol 250 MG, take 1 tablet by mouth four times a day 1 tablet, Oral, 4 times daily. Gallstone
Melatonin - Melatonin take 5 MG tablet by mouth at bedtime Oral, nightly PRN Insomnia
Finasteride - Finasteride 5 mg Take 1 tablet by mouth once a day BPH
Lasix - Furosemide 40 mg Take 2 tablets by mouth once a day Fluid pill
Jardiance - Empagliflozin take 0.5 tablet by mouth once a day T2DM
Preservision Areds 2 Take 1 tablet by mouth twice a day Eye vitamin
Centrum Multivitamin - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo Take 1 tablet by mouth once a day Multivitamin
Humalog Kwikpen - Insulin Lispro Recombinant 100 units/ml Inject 8 units subcutaneous three times a day with meals. T2DM
Lantus - Insulin Glargine Recombinant 100 units/ml Inject 20 units subcutaneous at bedtime T2DM
Coumadin - Warfarin Sodium 2.5 mg Take 1 tablet by mouth in the evening Blood thinner
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, take 1 tablet by mouth every 6 hours as needed for pain
Ceftriaxone - Ceftriaxone Sodium eq 2gm base/vial Give 1 vial intravenous once a day Infection
Daptomycin - Daptomycin 700mg, give 1 vial intravenous once a day Infection
Saline Flush - Normal Saline 10cc intravenous twice a day Flush PICC pre and post IV antibiotic administration/blood draw. PICC patency.

14. DME and Supplies:

ostomy supplies, IV supplies, diabetic supplies, bath bench, walker, commode, wound care supplies, cane

15. Safety Measures:

no bp left arm, sharps precautions, infectious material management, walker precautions, , , diabetic precautions, , ambulates with device, , cardiac precautions, bathroom safety, , activity supervision

16. Nutrition:

diabetic

17. Allergies:

metformin lisinopril

18.A. Functional Limitations

Ambulation

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: 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

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

Homebound status: Due to diagnosis of Cellulitis of right upper limb, 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 09/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Chetan Sharma
1447 York Rd
Lutherville-Timonium, MD 21093
PHONE: FAX: NPI: 1477734341

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 : 09/12/2025

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
George Fugate 2509 Eugene Ave, SPARROWS POINT, MD 21219- 443-570-2839	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 74-year-old male with a complex medical history including atrial fibrillation, congestive heart failure, chronic obstructive pulmonary disease, cirrhosis of the liver, type 2 diabetes, hypertension, ventral hernia, and hearing impairment. He was recently treated for right shoulder cellulitis, requiring a surgical procedure with drain placement. The drain has since been removed; the posterior incision site was sutured, while the anterior site remains open and is being managed with normal saline cleansing and gauze dressing per Dr. Nair's verbal order. The patient is currently receiving daily IV Ceftriaxone and Daptomycin via a PICC line placed in the left upper arm on September 13, 2025. He is also on Warfarin, recently adjusted from 5 mg daily to 2.5 mg daily due to an elevated INR of 3.1. A follow-up PT/INR check is scheduled for September 19, 2025, coinciding with a PCP visit, as advised by Dr. Nair. The patient reports a pain level of 6 and experiences fatigue but denies shortness of breath, nausea, vomiting, or headache. He is alert and oriented to person, place, time, and situation (AOx4), though he is hard of hearing. He ambulates with a cane but presents with generalized weakness and an unsteady gait, likely related to bilateral Achilles tendon injuries and atrophied calf muscles. The patient is on a weekly lab draw and PICC line dressing change schedule. He has not yet been cleared by orthopedics to begin therapy. Education was provided on infection control, IV antibiotic administration, wound care, and anticoagulation precautions. The patient's daughter, who is actively involved in his care, demonstrated understanding of all instructions provided.

 Date of Order
 09/16/2025 Order
 Physician Face-to-Face Date: 09/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat dx: Cellulitis of right upper limb 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:
 Physician: Sharma, Chetan

SN Careplans

SN WK1: 1 (09/16/25-09/20/25) ,WK2: 2 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25) ,WK8: 1 (11/02/25-11/08/25) ,WK9: 1 (11/09/25-11/14/25)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, Pain Interference with ADLs, daytime fatigue, balance deficit, loss of appetite, open sores/lesions, #1 - Observable Surgical Wound - Posterior Right Shoulder/Upper Back - LOTA, #2 - Open Wound - Anterior Right Shoulder - Open drain site

PROCEDURES: Lab Draw: lab draw: weekly cbc w/diff, chem 7, LFT, ESR, CRP, PT/INR, and CK & fax to dr kanno at 410-737-5571., Lab Draw: lab draw: weekly cbc w/diff, chem 7, LFT, ESR, CRP, PT/INR, WBC with diff and CK & fax to dr kanno at 410-737-5571., Medication Review: Medication Review done by patient/ caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Right shoulder front wound: Clean with NSS and cover with a gauze dressing. Right shoulder back wound: LOTA, glucose testing via monitor, infusion therapy: IV Ceftriaxone 2gm and Daptomycin 700mg infusion administered daily by the family. Flush PICC pre and post IV antibiotic administration/blood draw. Skilled nurse to Change PICC line dressing on the left upper arm weekly.

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 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, * 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 manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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

SN Goals

PATIENT-STATED GOAL: To get better

GOALS
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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/16/2025

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PT Careplans

PT WK2: 2 (09/21/25-09/27/25) ,WK3: 2 (09/28/25-10/04/25) ,WK4: 2 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25)

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

09/23/2025

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: Medication review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, home exercise program: Ankle planter/dorsiflex--exercises with red band, long arc with red band , knee abd/add, and heel/toe raises in sitting position==all 10x2 reps, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To get stronger and walk long distance in the community

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
09/16/2025