Home Health Certification and Plan of Care

Order ID: 1150/12548

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
081148440	09/17/2025	From: 09/17/2025 To: 11/14/2025	17460	217058

6. Patient's Name and Address
Steven Keller
1235 KENDRICK RD,
ROSEDALE, MD 21237-
410-916-5568

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 05/07/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	09/17/25

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	09/17/25
M86.9	Osteomyelitis unspecified	09/17/25
B95.61	Methicillin suscep staph infct causing dis classd elswhr	09/17/25
B95.4	Oth streptococcus as the cause of diseases classd elswhr	09/17/25
E78.5	Hyperlipidemia unspecified	09/17/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	09/17/25
I11.0	Hypertensive heart disease with heart failure	09/17/25
I50.30	Unspecified diastolic (congestive) heart failure	09/17/25
I48.0	Paroxysmal atrial fibrillation	09/17/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/17/25
M10.9	Gout unspecified	09/17/25
Z79.01	Long term (current) use of anticoagulants	09/17/25
Z79.4	Long term (current) use of insulin	09/17/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/17/25
Z87.891	Personal history of nicotine dependence	09/17/25
Z89.411	Acquired absence of right great toe	09/17/25

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

Lipitor - Atorvastatin Calcium take 80 mg tablet by mouth once a day Cholesterol
Pradaxa - Dabigatran Etexilate Mesylate take 110 mg capsule by mouth twice a day Blood thinner
Colace - Docusate Sodium take 100 mg capsule by mouth twice a day Stool softener
Neurontin - Gabapentin take 300 mg capsule by mouth three times a day Neuro pain
Jardiance - Empagliflozin take 12.5 mg tablet by mouth once a day T2DM
Norvasc - Amlodipine Besylate take 10 mg tablet by mouth once a day HTN
Protonix - Pantoprazole Sodium take 40 mg tablet by mouth once a day GERD
Tylenol - Acetaminophen take 650 mg tablet by mouth every 4 hours As needed for pain
Roxicodone - Oxycodone Hydrochloride take 5-10 mg tablet by mouth every 4 hours 5-10 mg, Oral, every 4 hours PRN for pain
Senokot - Senna 8.6 MG , take 2 tablets by mouth at bedtime 2 tablets, nightly for HTN
Aldactone - Spironolactone take 12.5 mg tablet by mouth once a day Fluid pill
Cozaar - Losartan Potassium take 100 mg tablet by mouth once a day HTN
Keflex - Cephalexin eq 500 mg base take 1 capsule by mouth four times a day Antibiotic

14. DME and Supplies:
diabetic supplies, bath bench, wound care supplies, walker, cane

15. Safety Measures:
cardiac precautions, diabetic precautions, , , sharps precautions, infectious material management, , walker precautions, , bathroom safety,

16. Nutrition:
diabetic

17. Allergies:
ezetimibe lisinopril simvastatin

18.A. Functional Limitations
Amputation, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated,

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

Homebound status: Due to diagnosis of Encounter For Orthopedic Aftercare Following Surgical Amputation, 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 67-year-old male with a past medical history of right great toe arthrodesis, type 2 diabetes, dyslipidemia, heart failure with preserved ejection fraction (HFpEF), obstructive sleep apnea on CPAP, and hypertension. He recently underwent a surgical amputation of the right great toe, which is currently covered with a non-removable dressing to be taken down at his postoperative visit on 9/22/25 by the surgeon. The patient is alert and oriented x4, lives alone, and remains independent in activities of daily living, ambulating with a cane. He denies shortness of breath, headache, dizziness, or light-headedness but reports occasional nausea and vomiting, with a pain level of 6/10. He is currently taking oral Keflex 500 mg every 6 hours for 14 days. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, lungs were clear to auscultation, bowel sounds were active, vital signs were within normal limits, and no respiratory distress was observed. Patient education was provided on medication compliance, pain management, infection prevention, and overall self-care.
 Date of Order 09/17/2025 Orders 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 due to Encounter For Orthopedic Aftercare Following Surgical Amputation 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: soc Physician Shrestha, Rosina

SN Careplans

SN WK1: 1 (09/17/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

SN Goals

PATIENT-STATED GOAL: For wound to heal and be pain free.

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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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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, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Other - Right Great Toe - Right big toe, non removeable dressing.

PROCEDURES: Medication Review: Medication review done by patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To right great toe amputation site- non removeable dressing. Dressing to be removed at Physician office., glucose testing via monitor

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, * low cholesterol dietary guidelines, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to 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

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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 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

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/17/2025