

Home Health Certification and Plan of Care				Order ID: 1150/12914	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6EQ8CH8WE64		06/22/2025		From: 08/21/2025 To: 10/19/2025	
				4. Medical Record No.	
				13935	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Terry Ray				HomeCentris Healthcare LLC	
1818 RIDGE RD,				10 Crossroads Drive, Suite 102	
WHITEFORD, MD 21160-				Owings Mills, MD 21117-8284	
443-752-0973				410-321-8448	
				1487113239	
8. DOB				9. Sex	
06/30/1960				Female	
11. ICD		Principal Diagnosis		Date	
Z48.01		Encounter for change or removal of surgical wound dressing		06/22/25	
13. ICD		Other Pertinent Diagnoses		Date	
Z47.81		Encounter for orthopedic aftercare following surgical amp		06/22/25	
I70.263		AthscI native arteries of extrm w gangrene bilateral legs		06/22/25	
I70.245		AthscI native arteries of left leg w ulceration oth prt foot		06/22/25	
L97.426		Non-prs chr ulc of I heel/midft w bne invl w/o evd of necr		06/22/25	
M86.9		Osteomyelitis unspecified		06/22/25	
B96.5		Pseudomonas (mallei) causing diseases classd elswrh		06/22/25	
I73.9		Peripheral vascular disease unspecified		06/22/25	
I10.		Essential (primary) hypertension		06/22/25	
E78.2		Mixed hyperlipidemia		06/22/25	
E53.8		Deficiency of other specified B group vitamins		06/22/25	
M06.9		Rheumatoid arthritis unspecified		06/22/25	
I34.1		Nonrheumatic mitral (valve) prolapse		06/22/25	
E03.9		Hypothyroidism unspecified		06/22/25	
G62.9		Polyneuropathy unspecified		06/22/25	
D51.0		Vitamin B12 defic anemia due to intrinsic factor deficiency		06/22/25	
Z45.2		Encounter for adjustment and management of VAD		06/22/25	
Z79.2		Long term (current) use of antibiotics		06/22/25	
Z79.01		Long term (current) use of anticoagulants		06/22/25	
Z79.891		Long term (current) use of opiate analgesic		06/22/25	
Z86.711		Personal history of pulmonary embolism		06/22/25	
Z86.718		Personal history of other venous thrombosis and embolism		06/22/25	
Z87.891		Personal history of nicotine dependence		06/22/25	
Z89.421		Acquired absence of other right toe(s)		06/22/25	
Z89.422		Acquired absence of other left toe(s)		06/22/25	
14. DME and Supplies:				15. Medications: Dose/Frequency/Route (N)ew (C)hanged	
walker, wound care supplies				Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth at bedtime	
16. Nutrition:				Take 1	
low sodium				tablet by	
18.A. Functional Limitations				mouth	
Ambulation				nightly.	
				Aspirin 81Mg - Aspirin 81 mg, Take 1 tablet by mouth once a day	
				Xarelto - Rivaroxaban 2.5 mg, Take 1 tablet by mouth twice a day Take 1	
				tablet by	
				mouth 2	
				times	
				daily with	
				meals.	
				Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2 mg	
				SL FilmI, Dissolve 4 films under the tongue sublingual once a day Dissolve	
				4 films	
				under the	
				tongue	
				daily Med	
				Mart	
				treatment	
				center in	
				Riverside	
				Neurontin - Gabapentin 800 mg, Take 1 tablet by mouth three times a day	
				Take 1	
				tablet by	
				mouth 3	
				times a	
				day	
				Cozaar - Losartan Potassium 100 mg, Take 0.5 tablets by mouth once a day	
				Take 0.5	
				tablets by	
				mouth	
				daily	
				(Patient	
				taking	
				differently:	
				Take 50	
				mg by	
				mouth	
				daily	
				Reduce to	
				50mg	
				daily due	
				to near	
				syncope)	
				Santyl - Collagenase 250 unit/gram Top Oint, Apply to affected area(s)	
				topical once a day	
				Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every	
				4 hours 1-2 tablets as needed for incision pain	
19. Mental & Pyschosocial Status:				15. Safety Measures:	
COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL				, , ambulates with device, , walker precautions, bathroom safety,	
ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis:				17. Allergies:	
fair				no known allergies	
22. A Rehabilitation Potential:				18.B. Activities Permitted	
SELF-CARE: , MOBILITY:				No Restrictions	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 08/20/2025					
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,	
Apurva Desai				physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under	
3400 Box Hill Corp Ctr Dr St 100-200				my care, and I have authorized the services on this plan of care and will periodically review the plan.	
Abingdon, MD 21009				F2F date : 06/13/2025	
PHONE: 4436431500 FAX: 14436431505 NPI: 1346396348					
27. Attending Physician's Signature and Date Signed				28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal	
10/08/2025 Date of physician last face-to-face				funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.	
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6. Patient's Name and Address Terry Ray 1818 RIDGE RD, WHITEFORD, MD 21160- 443-752-0973					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				
Clinical Condition Requiring Homecare: <div>The patient is a 64-year-old Caucasian female with a complex medical history including peripheral vascular disease in both lower extremities, a new diagnosis of gangrene to the left toe, hypertension, and a history of deep vein thrombosis/pulmonary embolism (DVT/PE) currently managed with anticoagulation. She is also undergoing long-term opioid therapy, now transitioned to Suboxone. She was recently discharged from the hospital following a two-toe amputation and now has surgical wounds on both forefeet and the left heel. Dressings to both feet were changed prior to discharge and remain clean, dry, and intact. A right upper arm single-lumen PICC line is in place and functioning properly. The patient is on IV antibiotics, and both she and her family have been educated on infusion setup and administration. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, she is alert and oriented 4, reports pain at 4/10, and is able to reposition with assistance while seated in a recliner. Postoperatively, the patient presents as significantly deconditioned and is currently chair-bound. She resides in a structurally unsafe trailer on a farm with her spouse. Her mobility is severely limited due to generalized weakness and surgical wounds, and she is awaiting the delivery of a wheelchair and bedside commode. She demonstrates poor standing balance, low standing tolerance, and reduced bilateral upper extremity strength, all of which impact her ability to perform self-care and functional mobility tasks. Skilled physical and occupational therapy services have been initiated to improve strength, endurance, and safety with transfers and mobility. She was educated on a supine and seated home exercise program and instructed to perform standing tasks every two hours to prevent skin breakdown. Follow-up services will resume once the patient's wounds heal and she is able to bear weight safely.</div><div>
</div><div></div><div>Date of Order</div><div>08/20/2025</div><div><div>Orders</div><div>Physician Face-to-Face Date: 06/13/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-infusion management pt-eval & treat ot-eval & treat hha:ad's dx: Encounter for change or removal of surgical wound dressing</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div></div><div><div>1 - SOC - SN Notes:</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>4 - Recertification Notes: The patient is being recertified due to unhealed left buttock wound with a tunnel and a right plantar big toe wound.</div><div>
</div><div><div>Physician</div><div>Desai, Apurva</div></div>									
SN Careplans					SN Goals				
SN WK2: 2 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25) ,WK4: 2 (09/07/25-09/13/25) ,WK5: 2 (09/14/25-09/20/25) ,WK6: 2 (09/21/25-09/27/25) ,WK7: 1 (09/28/25-10/04/25) ,WK8: 2 (10/05/25-10/11/25) ,WK9: 2 (10/12/25-10/18/25)					PATIENT-STATED GOAL: "I want to walk again!";For wounds 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 * 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				
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance					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				
HOSPITALIZATION RISKS: 10. None of the above					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				
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:No Advance Directive					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				
PROBLEMS IDENTIFIED ON ASSESSMENT: #7 - Open Wound - Other - Right plantar big toe - no drainage					patient/caregiver recalls * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * recalls related medication(s) purpose, schedule				
PROCEDURES: Blood Draw: Obtain labs via PICC/Venipuncture- Perform the following labs weekly: CBC w/Differential CHEM 7, NON-FASTING (NA, K, CL, CO2, BUN, GLUC, CR) CRP (C-REACTIVE PROTEIN) ERYTHROCYTE SEDIMENTATION RATE, AUTOMATED LFT's/HEPATIC FUNCTION PANEL (ALB, TBILI, DBILI, ALKP, TPROT, ALT, AST). Specimens to be taken to a Kaiser lab., Discontinue PICC line: Written order: Nurse to pull PICC line on next visit , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care: Change dressings 3 times a week: Hydrogel Adaptic nonadherent gauze to left heel Adaptic/nonadherent gauze to incision sites with sutures to the left 3rd and 4th amputation sites and right second digit amputation site all covered with 4x4's kerlex and an ace bandage bilateral, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange repair of inadequate floor/roof/windows, coordinate/arrange for adequate patient supervision, infusion therapy: Cefepime (MAXIPIME) 2g/NS 100ml IVPB every 12 hours over 30 minutes for infection times 45 days to right single lumen PICC line and flush with Normal Saline and Heparin 10U/ml using SASH method. Change PICC dressing weekly using sterile technique.					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				
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 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, patient self-administers					patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient has adequate floor/roof/windows patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence				
Signature of Physician:					Date				
					PAGE 2 of 3				
Optional Name/Signature of Nurse/Therapist:					Date				
Electronically Signed by Messick, Charles SN RN					08/20/2025				

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medications as prescribed, related medication(s) purpose, schedule, patient has adequate floor/roof/windows, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	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 * 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 help resolve infection including hygiene * proper hand washing * food-safety techniques * travel precautions * vaccinations * animal-control * cough etiquette * recalls related medication(s) purpose, schedule
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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