Home Health Certification and Plan of Care

Order ID: 1150/12889

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
95280834	10/02/2025	From: 10/02/2025 To: 11/29/2025	17917	217058

6. Patient's Name and Address

Edward Yeaton
21 Glyndon Ave,
GLYNDON, MD 21071-
443-902-8720

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 12/17/1947 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	10/02/25

13. ICD	Other Pertinent Diagnoses	Date
L97.522	Non-prs chronic ulcer oth prt left foot w fat layer exposed	10/02/25
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	10/02/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/02/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/02/25
N18.31	Chronic kidney disease stage 3a	10/02/25
J43.8	Other emphysema	10/02/25
I25.810	Atherosclerosis of CABG w/o angina pectoris	10/02/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	10/02/25
J44.89	Other specified chronic obstructive pulmonary disease	10/02/25
M10.031	Idiopathic gout right wrist	10/02/25
M54.89	Other dorsalgia	10/02/25
E27.8	Other specified disorders of adrenal gland	10/02/25
E44.0	Moderate protein-calorie malnutrition	10/02/25
G40.909	Epilepsy unsp not intractable without status epilepticus	10/02/25
B18.2	Chronic viral hepatitis C	10/02/25
E78.49	Other hyperlipidemia	10/02/25
H40.89	Other specified glaucoma	10/02/25
F41.8	Other specified anxiety disorders	10/02/25
F11.20	Opioid dependence uncomplicated	10/02/25
Z79.82	Long term (current) use of aspirin	10/02/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/02/25

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

Diclofenac Sodium - Diclofenac Sodium Take gel 1%, Apply to right wrist topical twice a day Apply to right wrist topically two times a day for Swelling/Pain to right wrist
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Furosemide - Furosemide Take 40mg, Give 1 table by mouth once a day Give 1 tablet by mouth one time a day for CKD stage 3
Metformin Hcl - Metformin Hydrochloride Take 500 mg, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DMT2
Acetaminophen - Acetaminophen Take 500 MG, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain (1-5/10)
Aldactone - Spironolactone 25 mg 25mg by mouth once a day 1X daily for HTN
Lisinopril - Lisinopril Take 40 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Pyridoxine HCl (VITAMIN B6 PO) Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement
Cosopt Pf - Dorzolamide Hydrochloride: Timolol Maleate Take 2-0.5%, Instill 1 drop in both eyes both eyes twice a day Instill 1 drop in both eyes two times a day for Glaucoma
Glipizide - Glipizide 5 mg Take 5 mg, Give 2 table by mouth once a day Give 2 tablet by mouth one time a day for DMT2
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate Take 50 MG,) Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Coronary Artery Disease
Lidocaine - Lidocaine Take 4% patch , Apply 2 patch transdermal once a day Apply 2
patch transdermally one time a day for Pain Apply to left upper rear deltoid area and remove per schedule
Allopurinol - Allopurinol Take 100mg, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Gout
Gabapentin - Gabapentin Take 300 MG, capsule by mouth at bedtime Give 1 capsule by mouth at bedtime for Chronic Back Pain.
Patient not currently taking
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 2 puff inhale (inhaler) inhalant every 6 hours 2 puff inhale orally every 6 hours as needed for SOB/Wheezing.
Patient is not currently taking
Spiriva - Tiotropium Bromide Monohydrate 2.5 MCG/ACT , 2 puff inhale (inhaler) inhalant once a day 2 puff
inhale orally one time a day for COPD.
Patient is not currently taking.
Tacrolimus - Tacrolimus 0.1 % , (Ointment) Apply to b/l lower extremity topical every 12 hours Apply to b/l lower extremity topically every 12 hours as needed for Dry skin

14. DME and Supplies:

wound care supplies, cane, diabetic supplies

15. Safety Measures:

infectious material management, ambulates with assistance, diabetic precautions, cardiac precautions, bathroom safety, ambulates with device, activity supervision, hand rails, , , transfer with assist, walker precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

vancomycin

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eva Dicocco
7141 Security Blvd
Woodlawn, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624

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 : 09/19/2025

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
Edward Yeaton 21 Glyndon Ave, GLYNDON, MD 21071- 443-902-8720	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Foot Ulcer, 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 77-year-old male with a past medical history significant for type 2 diabetes mellitus, hyperlipidemia, hypertension, coronary artery disease, epilepsy, chronic kidney disease stage 3, glaucoma, peripheral vascular disease, gout affecting the right hand, history of opioid use disorder currently managed with methadone, and a history of coccyx fracture with multiple herniated discs dating back to 1976. He was recently hospitalized due to a blood infection and altered mental status, followed by a course of subacute rehabilitation for right foot cellulitis and abscess treated at Kaiser. The patient is currently residing with his son, daughter-in-law, and grandchildren in a single-level home with three-step entry access to allow for close supervision during his recovery. Although he has his own residence, he temporarily requires assistance with daily needs and monitoring of his medical condition. During the visit, the patient was alert and oriented x4 but appeared visibly uncomfortable, reporting pain rated 7-8/10 despite adherence to his methadone regimen. He expressed dissatisfaction with his current pain management, noting that oxycodone had previously provided better relief. He verbalized frustration with medication dependence and expressed a strong desire to regain strength and live without persistent pain. The patient ambulates indoors with a rolling walker under supervision, demonstrating slow cadence, shortened bilateral step length, and severe lumbar and thoracic kyphosis, which he reports has worsened since hospitalization. His Timed Up and Go (TUG) test was completed in 33 seconds, confirming a high fall risk. The RN also observed multiple balance losses during ambulation. Stairs and outdoor mobility were not assessed during this visit. The patient was instructed in a home exercise program including seated therapeutic exercises and short indoor ambulation, which he performed with understanding and good effort. The patient has diabetic wounds on both lower extremities, currently covered with bandages. He declined wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> during this visit, stating he had a scheduled podiatry appointment the following day and preferred to wait for evaluation and dressing change by that provider. His daughter-in-law previously submitted photos of the wounds, which were uploaded to the clinical chart by the RN. Additionally, the patient experienced nasal congestion, sneezing, and a mild nosebleed during the visit. He reported a history of sinus surgery several months ago and noted that his only post-procedure instruction was saline rinsing, with no follow-up since. His daughter-in-law speculated the nosebleeds could be due to poor air quality in the home. The RN advised considering the use of a humidifier or air purifier and will follow up with the patient's physician regarding this issue. Medication review revealed that the patient is unfamiliar with the details of his medication regimen and relies heavily on his son and daughter-in-law for administration. While they are aware of dosing times, they remain unclear about specific indications and frequencies. Several discrepancies were identified, prompting reinforcement of medication education, which will continue during subsequent nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh>. The patient stated he does not feel the need for occupational therapy, reporting independence in his basic activities of daily living; however, he remains receptive to physical therapy to improve his mobility and strength. The plan of care includes continued skilled nursing follow-up for pain management coordination, sinus and nosebleed evaluation, wound monitoring, reinforcement of fall prevention strategies, and ongoing medication education for the patient and family. Skilled physical therapy will address strength, endurance, and gait impairments to promote improved safety, independence, and return to prior level of function.
 Date of Order 10/02/2025 Orders Physician Face-to-Face Date: 09/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement pt-eval & treat ot-eval & treat due to Type 2 Diabetes Mellitus With Foot Ulcer 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 PT Eval Notes:
 Physician Dicocco, Eva

SN Careplans

SN WK1: 1 (10/02/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, itchy/runny nose, swelling in the arms/legs, limited endurance, swelling of affected area, muscle weakness, limited range of motion, limited strength, Pain Effect on Sleep, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, open sores/lesions, discolored patches of skin, #1 - Diabetic Ulcer - Other - Right Plantar foot - Covered by dressing. , #2 - Diabetic Ulcer - Other - Left Plantar foot - Covered by dressing.

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To bilateral plantar foot diabetic ulcer wounds- Cleanse with wound cleanser, apply leptospermum honey, cover with bordered gauze. Change daily and as needed., glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired

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, * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including

SN Goals

PATIENT-STATED GOAL: "Stop being in pain all the time. I only want to use the cane."

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

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/02/2025

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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, * 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 gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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

* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

PT Careplans

PT WK2: 1 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 2 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25) ,WK7: 1 (11/09/25-11/15/25) ,WK8: 1 (11/16/25-11/22/25) ,WK9: 1 (11/23/25-11/29/25)

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: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve posture and walk independently

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/02/2025

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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

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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