Home Health Certification and Plan of Care

Order ID: 1150/12925

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
16126653	10/03/2025	From: 10/03/2025 To: 12/01/2025	18014	217058

6. Patient's Name and Address

Claude Melcher
900 Dunstan Rd. Apt 1,
BALTIMORE, MD 21212-
443-520-8038

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 08/12/1966 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.01	Encounter for change or removal of surgical wound dressing	10/03/25

13. ICD	Other Pertinent Diagnoses	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	10/03/25
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	10/03/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/03/25
N18.6	End stage renal disease	10/03/25
D63.1	Anemia in chronic kidney disease	10/03/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/03/25
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	10/03/25
I25.5	Ischemic cardiomyopathy	10/03/25
I25.2	Old myocardial infarction	10/03/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/03/25
E87.6	Hypokalemia	10/03/25
D69.6	Thrombocytopenia unspecified	10/03/25
Z99.2	Dependence on renal dialysis	10/03/25
Z95.828	Presence of other vascular implants and grafts	10/03/25
Z95.5	Presence of coronary angioplasty implant and graft	10/03/25
Z79.82	Long term (current) use of aspirin	10/03/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/03/25
Z89.432	Acquired absence of left foot	10/03/25
Z86.718	Personal history of other venous thrombosis and embolism	10/03/25

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

Phoslo - Calcium Acetate Take 667 mg, Tablet by mouth three times a day Take 667 mg by mouth 3 times daily with meals.
Renagel - Sevelamer Hydrochloride Take 800 mg, Tablet by mouth three times a day Take 800 mg by mouth 3 times daily.
Phoslo - Calcium Acetate Take 1,334 mg, Tablet by mouth three times a day 1,334 mg, 3 times daily with meals for CKD

14. DME and Supplies:

walker, cane

15. Safety Measures:

diabetic precautions, infectious material management, , bathroom safety, cardiac precautions, walker precautions, restricted ROM, , ambulates with device, remove environmental barriers, , hand rails, activity supervision

16. Nutrition:

diabetic

17. Allergies:

penicillin

18.A. Functional Limitations

Ambulation, Amputation

18.B. Activities Permitted

Transfer bed/Chair, Independent at Home, Exercises Prescribed, Partial Weight Bearing, Cane, Walker, 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: 2. Sometimes, 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 Change Or Removal Of Surgical Wound Dressing , 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 59-year-old male recently discharged from the hospital following amputation of the left toes secondary to gangrene associated with stage 5 chronic kidney disease. He is alert and oriented 3 and denies current pain, reporting a high tolerance despite an evident limp during ambulation. Since his hospital discharge on the 29th, he has not bathed, explaining that he interpreted the instruction to "avoid getting the leg wet" as an order not to wash any part of his body. The patient resides alone in an apartment noted to be unkept and unsanitary, with no immediate caregiver support. His fiance resides in New York, and his mother is bedridden in her own home. He reports that his Social Security benefits have not yet been approved, leaving him without income or consistent access to food and water. He expresses dissatisfaction with his assigned social worker but declines to provide further contact information. Medication compliance is poor. The patient reports disliking medications and avoids taking them whenever possible. Only three medications were present in his home, with the remainder reportedly stored in his office because he feels he does not need them. He repeatedly states that he is highly independent and does not require assistance, describing himself as "always being that way." On assessment, vital signs were within normal limits. The patient exhibited a limp but continued to deny pain. His wound dressing showed moderate drainage; upon removal, the surgical site was intact with sutures in place, without signs of active bleeding or excessive exudate. The patient stated that suture removal and follow-up are scheduled for the end of the month. The

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Leopoldine Modjo Kenmogne
3001 Hospital Dr
Cheverly, MD 20785
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444

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 : 09/29/2025

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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wound was photographed and uploaded to his chart. A wet-to-dry dressing change was performed, applying 44 gauze, Kerlix wrap, and reinforcement with an ACE bandage. Although the patient expressed confidence in performing his own wound care, his understanding was limited. He demonstrated confusion regarding his amputation, at times claiming his left great toe was still present and misidentifying movement in the right toes as movement of the left. Overall, the patient demonstrates significant denial and limited insight into his medical condition, medication needs, and wound care requirements. His refusal to adhere to prescribed medications, poor hygiene, unsanitary living conditions, and lack of social and financial support place him at high risk for infection, wound deterioration, and further complications. Additionally, his confusion surrounding his amputation raises concern for cognitive impairment or psychological denial. The skilled nursing services will continue to provide wound assessment and care, monitor for infection or complications, reinforce education on hygiene and medication adherence, and evaluate cognitive status. Coordination with the social worker and primary care provider is strongly recommended to address food insecurity, unsafe living conditions, and support resource linkage. Education will continue on signs and symptoms of infection, proper hygiene, and importance of consistent medication use. Regular follow-up will ensure wound healing progress and promote overall safety and recovery.
 Date of Order 10/03/2025 Orders Physician Face-to-Face Date: 09/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Encounter For Change Or Removal Of Surgical Wound Dressing 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 Dialysis T,TH,Sat Physician Modjo Kenmogne, Leopoldine

SN Careplans

SN WK1: 1 (10/03/25-10/04/25) ,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: 2 (10/26/25-11/01/25) ,WK6: 2 (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)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 1. Rarely or not at all

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

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, Financial, Home Safety, Financial, Home Safety, M1400 - Dyspnea, diarrhea, limited endurance, limited range of motion, B1000 - Vision Deficit, #1 - Observable Surgical Wound - Anterior Left Foot - "betadine gauze to incision site, 4x4 gauze, kerlix and ACE bandage, which can be changed every 3-5 days once discharged "

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: surgical wound care "betadine gauze to incision site, 4x4 gauze, kerlix and ACE bandage, which can be changed every 3-5 days once discharged ", teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate fire safety devices, coordinate/arrange access to adequate food storage, coordinate/arrange patient access to necessary nutrition considering patient inability to pay, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient home enviroment has adequate fire safety devices, patient's enviroment has adequate stairs railings, patient has access to necessary nutrition considering patient inability to pay, patient has access to rent/utility assistance considering inability to pay, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "T o get my foot healed"

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
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* 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 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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient home enviroment has adequate fire safety devices

patient's enviroment has adequate stairs railings

patient has access to necessary nutrition considering patient inability to pay

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/03/2025

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patient has access to rent/utility assistance considering inability to pay

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
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