Home Health Certification and Plan of Care

Order ID: 1150/13177

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14217669	11/11/2024	From: 09/07/2025 To: 11/05/2025	7574	217058

6. Patient's Name and Address
Allen Kirschenhofer
2035 Mckinley Court,
BEL AIR, MD 21015-
410-908-7994

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 12/03/1964 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	11/11/24

13. ICD	Other Pertinent Diagnoses	Date
L97.529	Non-pressure chronic ulcer oth prt left foot w unsp severity	11/11/24
B95.1	Streptococcus group B causing diseases classd elswhr	11/11/24
L03.116	Cellulitis of left lower limb	11/11/24
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/11/24
E78.5	Hyperlipidemia unspecified	11/11/24
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	11/11/24
I10.	Essential (primary) hypertension	11/11/24
F41.9	Anxiety disorder unspecified	11/11/24
K22.70	Barrett's esophagus without dysplasia	11/11/24
F31.81	Bipolar II disorder	11/11/24
K21.9	Gastro-esophageal reflux disease without esophagitis	11/11/24
R91.1	Solitary pulmonary nodule	11/11/24
Z79.4	Long term (current) use of insulin	11/11/24
Z89.422	Acquired absence of other left toe(s)	11/11/24
Z85.528	Personal history of other malignant neoplasm of kidney	11/11/24

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

metoprolol succinate (TOPROL XL) TAKE 25 MG , 1TABLET by mouth once a day
Glucophage - Metformin Hydrochloride 500 mg Take 1,000 mg tablet by mouth twice a day with meals.
Prilosec - Omeprazole 40 mg Take 40 mg, 1capsule by mouth at bedtime
Lipitor - Atorvastatin Calcium eq 40 mg base Take 40 mg, 1tablet by mouth at bedtime
Wellbutrin - Bupropion Hydrochloride 75 mg , Take 10 mg tablet by mouth once a day
Neurontin - Gabapentin 300 mg , Take 600 mg capsule by mouth twice a day
Glucotrol - Glipizide Take 5 mg tablet by mouth twice a day
Cozaar - Losartan Potassium Take 50 mg tablet by mouth once a day before breakfast.
Actos - Pioglitazone Hydrochloride eq 15 mg base 1 tab by mouth twice a day For diabetes mellitus
Humulin Insulin 70/30 - Insulin Recombinant Human 8 units subcutaneous before meal Inject 8 units subcutaneously, before meals BID.

14. DME and Supplies:
diabetic supplies, wound care supplies

15. Safety Measures:
diabetic precautions, , , bathroom safety

16. Nutrition:
diabetic

17. Allergies:
lisinopril

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

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 being recertified for home health services due to an unhealed diabetic wound on the left foot. He was evaluated by his podiatrist on May 6, 2025, and new wound care orders were provided. The updated regimen includes cleaning the wound with an acetic acid solution, applying Betadine, and covering it with gauze and a secondary dressing (ABD pad). During the visit, the wound was debrided, and laboratory tests were completed and reviewed. As a result of infection, the patient was prescribed Clindamycin HCL 300 mg, to be taken one capsule every eight hours for seven days. In addition, the patient received re-education on proper application of the Freestyle continuous glucose monitoring sensor. He demonstrated understanding of the instructions during the visit.
 Date of Order 09/04/2025 Orders Physician Face-to-Face Date: 11/02/2024 Clinical Condition Requiring Home Care per Certifying Physician: SN-wound care, disease & medication management 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
 4 - Recertification Notes: The patient is being recertified due to an unhealed left foot diabetic wound. Physician Hernandez, Jenaro

SN Careplans

SN WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 2 (09/28/25-10/04/25) ,WK5: 2 (10/05/25-10/11/25) ,WK6: 2 (10/12/25-10/18/25) ,WK7: 2 (10/19/25-10/25/25) ,WK8: 2 (10/26/25-11/01/25) ,WK9: 1 (11/02/25-11/03/25)

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: 9. Other risk(s) not listed in 1- 8

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

SN Goals

PATIENT-STATED GOAL: for left foot wound to heal

GOALS
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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Leiter, Susan SN RN on 09/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jenaro Hernandez
1001 Pine Heights Ave
Abingdon, MD 21229
PHONE: 410-515-5440 FAX: NPI: 1386935724

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 : 11/02/2024

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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Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness

PROCEDURES: Medication Review- Medications reviewed with patient/caregiver., physician-ordered wound care: Posterior left foot wound: Cleanse with an acetic acid solution, pat dry, apply Aquacel alginate to the wound, betadine, and gentian violet around the wound bed, cover with gauze and an ABD pad, wrap with Kerlix, and secure with an ace bandage. Change dressings three times a week and as needed if the wound is soiled., physician-ordered wound care: Clean left foot wound with acetic acid solution, pat dry, and apply betadine to the wound. Cover with several gauze pads, reinforce with a secondary dressing (ABD pad), glucose testing via monitor

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 take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * low-fat diet lifestyle modifications to manage esophageal condition, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	09/04/2025