# Home Health Certification and Plan of Care

**Order ID: 1150/13186**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 6EQ8CH8WE64 | 06/22/2025 | From: 10/20/2025 To: 12/17/2025 | 13935 | 217058 |

**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

**8. DOB** 06/30/1960 | **9.Sex** 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 | Athscl native arteries of extrm w gangrene bilateral legs | 06/22/25 |
| I70.245 | Athscl native arteries of left leg w ulceration oth prt foot | 06/22/25 |
| L97.426 | Non-prs chr ulc of l 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 elswhr | 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 |

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

Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth at bedtime
Take 1 tablet by mouth 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 Film\, 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

**14. DME and Supplies:**
bath bench, walker, grab bars, wound care supplies

**15. Safety Measures:**
None of the above

**16. Nutrition:**
high protein, low sodium

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
Complete Bedrest

**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: 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 10/15/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Apurva Desai
3400 Box Hill Corp Ctr Dr St 100-200
Abingdon, MD 21009
PHONE: 4436431500 FAX: 14436431505 NPI: 1346396348

**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 : 06/13/2025

**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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|---|---|
| Terry Ray<br>1818 RIDGE RD,<br>WHITEFORD, MD 21160-<br>443-752-0973 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

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 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 assessment, 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. <br> Date of Order 10/15/2025 Orders Physician Face-to-Face Date: 06/13/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-infusion management pt-eval & treat ot-eval & treat hha:adl's dx: 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 <br> 4 - Recertification Notes: The patient is been recertified due to an unhealed left buttock wound with a tunnel. Physician Desai, Apurva

## SN Careplans

SN WK1: 1 (10/20/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25) ,WK4: 2 (11/09/25-11/15/25) ,WK5: 2 (11/16/25-11/22/25) ,WK6: 2 (11/23/25-11/29/25) ,WK7: 2 (11/30/25-12/06/25) ,WK8: 2 (12/07/25-12/13/25) ,WK9: 1 (12/14/25-12/16/25)

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: 7. Currently taking 5 or more medications, 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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure

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.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * 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

## SN Goals

PATIENT-STATED GOAL: "I want to walk again!";For wounds to heal

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 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
* how to take the patient's blood pressure
* record the reading
* 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 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
* 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

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient has adequate floor/roof/windows

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

10/15/2025

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constipation home safety, related medication(s) purpose, schedule, patient self-administers 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 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 10/15/2025 |