Home Health Certification and Plan of Care

Order ID: 1150/13453

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99144378	08/30/2025	From: 10/29/2025 To: 12/26/2025	16815	217058

6. Patient's Name and Address

Robert Wynder
406 E 27th Street,
BALTIMORE, MD 21218-
410-258-0256

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 07/15/1964 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T82.868D	Thrombosis due to vascular prosth dev/grft subs	08/30/25

13. ICD	Other Pertinent Diagnoses	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/30/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/30/25
I10.	Essential (primary) hypertension	08/30/25
J45.20	Mild intermittent asthma uncomplicated	08/30/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/30/25
K43.9	Ventral hernia without obstruction or gangrene	08/30/25
E78.5	Hyperlipidemia unspecified	08/30/25
D64.9	Anemia unspecified	08/30/25
K59.00	Constipation unspecified	08/30/25
E87.5	Hyperkalemia	08/30/25
E66.9	Obesity unspecified	08/30/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	08/30/25
Z79.82	Long term (current) use of aspirin	08/30/25
Z79.01	Long term (current) use of anticoagulants	08/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/30/25
Z87.891	Personal history of nicotine dependence	08/30/25

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

Acetaminophen - Acetaminophen 325 MG , Give 650 mg , Take 2 tablets by mouth every 4 hours Give 650 mg by mouth every 4 hours as needed for mild pain 1-4 Take 2 tablets by mouth every 4 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) or Fever (lemp in PRN comment) (for fever > 38).

Amlodipine Besylate - Amlodipine Besylate Tablet 5 MG Give 1 tablet by mouth once a day Tablet 5 MG Give 1 tablet orally one time a day for HTN hold for SBP less than 110 or HR less than 60

Aspirin 81Mg - Aspirin 81 MG , Give 81 mg Tablet by mouth once a day Give 81 a mg by mouth one time a day for DVT prophylaxis Take 1 tablet by mouth daily.

Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth at bedtime Give 1 tablet orally at bedtime for dyslipidemia

Eliquis - Apixaban 2.5 MG , Take 1 tablet by mouth twice a day Give 2.5 mg by mouth two times a day for DVT prophylaxis Take 1 tablet by mouth 2 times daily.

Gabapentin - Gabapentin 600 MG , Give 1 tablet by mouth three times a day Give 1 tablet by mouth three times a day for nerve pain

Gentle Laxative Oral Tablet Delayed Release 5 MG (Bisacodyl) 5 MG , Give 5 mg Tablet by mouth once a day Give 5 mg by mouth every 24 hours as needed for constipation Take 1 tablet by mouth every 24 hours as needed for Constipation.

Glipizide - Glipizide 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DM

Losartan Potassium - Losartan Potassium 100 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN hold for SBP less than 110 or HR less than 60

Metformin Hcl - Metformin Hydrochloride 500 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DM with food

Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 1 puff inhale inhalant every 6 hours 1 puff inhale orally every 6 hours as needed for shortness of breath rinse mouth after each use

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for overactive bladder

Ducolax - Bisacodyl 5 mg, 1 tablet by mouth once a day And PRN for constipation

Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 tab by mouth every 4 hours Give 10 mg by mouth every 4 hours as needed for moderate pain 5-7 Take 1 tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain).

14. DME and Supplies:

wound care supplies, cane

15. Safety Measures:

bleeding precautions, anticoagulant precautions, bathroom safety, standard precautions, infectious material management, fall precautions, ambulates with device, ambulates with assistance

16. Nutrition:

low sodium, diabetic

17. Allergies:

trental shellfish

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, Up As Tolerated

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: good

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

Homebound status: Due to diagnosis of Thrombosis due to vascular prosthetic devices, implants and grafts, subsequent encounter, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 08/15/2025

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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Clinical Condition Requiring Homecare:

The patient was seen for a recertification nurse visit focused on wound vacuum (wound vac) management. The patient has a right lower leg surgical wound with wound vac therapy, requiring dressing changes three times weekly. Due to the need for assistance with ambulation for safety, it is a taxing effort for the patient to leave the home. At the start of the visit, the wound vac was intact and functioning at 125 mmHg. The patient reported right leg pain rated 6-7 earlier in the morning but denied any recent falls. The wound measured 14 x 5 cm, appeared beefy red with good circulation, and had bright red blood noted without odor. Moderate bloody drainage was observed during the dressing change. Edema in the right foot has improved. The patient reported good appetite, improved sleep, last bowel movement yesterday, and denied pain with urination or abnormal bleeding. Lungs were clear to auscultation, and vital signs were stable (SpO 96%, HR 63, Temp 98.1F, BP 136/79 mmHg). Medications were reviewed with no changes reported. The patient was instructed on signs of infection and advised to report any concerning changes to the provider immediately. Wound care supplies were confirmed from Apria (443-792-4496), including a wound vac, three canisters, and five medium granfoam dressings, with a reorder placed for additional supplies. The patient requires continued skilled nursing visits for wound vac management until the upcoming vascular follow-up appointment on 10/30/2025 with Dr. Glaboba, where a rescue dressing will be needed. A nurse will apply a wrap with rescue dressing during the Wednesday visit.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/24/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Thrombosis due to vascular prosthetic devices, implants and grafts, subsequent encounter
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 4 - Recertification SN Notes: due to wound vac management <o:p></o:p> Physician: Levine, Robert

SN Careplans

SN WK1: 2 (10/29/25-11/01/25)

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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: balance deficit, discolored patches of skin, open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Nurse/family/caregiver to cleanse wound with normal saline, apply contact layer to wound bed, place black foam in wound bed, apply skin prep to surrounding skin, apply drape, secure tubing and attach vac.Set suction to 125 mmHG continuously, on MWF. Rescue dressing: cleanse wound with normal saline, apply gauze moistened gauze to wound bed, cover with sterile ABD pads, secure with kerlix and wrap with ace wrap. Instruct patient on s/s of infection, on pain, bleeding and foam retention., wound vacuum, glucose testing via monitor: Follow-up on obtaining a glucose monitor, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * 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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 achieve wound healing including 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, 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, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to be able to finish my house"

GOALS
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
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 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

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 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

caregiver performs medical/rehabilitation treatments with adequate competence

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/24/2025

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* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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 modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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