Home Health Certification and Plan of Care

Order ID: 1150/13413

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99191180430	10/16/2025	From: 10/16/2025 To: 12/13/2025	18479	217058

6. Patient's Name and Address
Rona Harris
3934 Norfolk Avenue,
Baltimore, MD 21216-
410-299-3011

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 01/21/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	10/16/25

13. ICD	Other Pertinent Diagnoses	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	10/16/25
I11.0	Hypertensive heart disease with heart failure	10/16/25
I50.32	Chronic diastolic (congestive) heart failure	10/16/25
I48.91	Unspecified atrial fibrillation	10/16/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	10/16/25
E78.00	Pure hypercholesterolemia unspecified	10/16/25
M17.0	Bilateral primary osteoarthritis of knee	10/16/25
K59.04	Chronic idiopathic constipation	10/16/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/16/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/16/25
Z79.82	Long term (current) use of aspirin	10/16/25
Z79.01	Long term (current) use of anticoagulants	10/16/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/16/25
Z79.4	Long term (current) use of insulin	10/16/25
Z95.5	Presence of coronary angioplasty implant and graft	10/16/25
Z89.512	Acquired absence of left leg below knee	10/16/25
Z89.611	Acquired absence of right leg above knee	10/16/25

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

Glucophage - Metformin Hydrochloride 500 mg 500 MG tablet, Take 1 tablet by mouth twice a day with meals.
DM
Aspirin - Aspirin 81 MG table,Take 1 tablet by mouth once a day CAD
Roxicodone - Oxycodone Hydrochloride 5 mg Take 1 tablet (5 mg total) by mouth every 12 hours as needed., 5 MG immediate release tablet
FOR PAIN
Senokot - Senna 8.6 mg tablet, Take 1 tablet by mouth once a day
Coreg - Carvedilol 25 mg 25 MG tablet, Take 1 tablet by mouth twice a day with meals
BLOOD PRESSURE
Eliquis - Apixaban 5 mg tablet, Take 1 tablet by mouth twice a day
ANTICOAGULANT
Lasix - Furosemide 20 mg 20 MG tablet, Take 1 tablet by mouth once a day
EDEMA
lisinopril (PRINIVIL, ZesTRIL) 40 MG tablet, Take 1 tablet by mouth once a day BLOOD PRESSURE
Pravachol - Pravastatin Sodium 80 mg 80 MG tablet, Take 1 tablet by mouth once a day CHOLESTEROL

14. DME and Supplies:
wheelchair, rolling walker, diabetic supplies, walker, hoyer lift, commode, hospital bed

15. Safety Measures:
wheelchair precautions, , , diabetic precautions, , ambulates with device, walker precautions, , transfer with assist, supervision at all times, sharps precautions, , activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Amputation

18.B. Activities Permitted
Up As Tolerated, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status:
Due to diagnosis of Type 2 Diabetes Mellitus With Hyperglycemia, 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 an 82-year-old female recently discharged home from FutureCare on September 25, 2025, following an extended hospitalization and subacute rehabilitation stay for a right above-knee amputation (AKA) performed on June 25, 2025, due to a nonhealing right below-knee amputation (BKA). Her past medical history is significant for type 2 diabetes mellitus managed with metformin, hypertension, peripheral arterial disease (PAD), coronary artery disease (CAD), congestive heart failure (CHF), atrial fibrillation, chronic obstructive pulmonary disease (COPD), osteoarthritis of the knees, and a prior left below-knee amputation completed in December 2024. The patient currently lives alone in a single-family home equipped with an external wheelchair lift. Both her bed and commode are located on the first floor to support accessibility, and she receives daily assistance from home health aides.   During assessment, the patient was alert and oriented 3, pleasant, and cooperative. She denied pain at the time of the visit and reported effective management of occasional stump discomfort with oxycodone 5 mg as needed. She denied shortness of breath, and lung sounds were clear throughout. The right AKA stump was closed and healing well with no signs of infection; the patient wears a residual limb shrinker on the right to aid in edema control and shaping in preparation for prosthesis fitting. She uses her left prosthetic leg and a wheelchair for functional mobility. The patient's bowel function is managed with senna, with the last bowel movement reported on Tuesday. She is unable to perform daily weights due to mobility restrictions.   Functional assessment revealed that the patient remains chair-fast and unable to ambulate independently at this time. Bed mobility is completed with supervision. She performs sit-pivot transfers from wheelchair to bed or commode with moderate assistance, utilizing a sliding board when needed. She can tolerate standing at a walker for approximately 10 seconds 2 with moderate assistance 2 while using her left prosthesis. Stretching of the left knee into extension and right hip extension exercises were well tolerated with minimal pressure applied. Bilateral upper extremity strength is 4/5 on manual muscle testing. Two aides were present during the visit and were instructed in safe transfer techniques. Education was provided to ensure the Hoyer sling is not left under the patient for extended periods to prevent skin breakdown and to adjust the bed to a firmer setting during transfers to optimize stability and safety.   Medication

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Michael Kingan
5210 Eastern Avenue
Baltimore, MD 21224
PHONE: 4438493184 FAX: 14438498367 NPI: 1861871881

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 : 10/09/2025

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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reconciliation was performed, confirming adherence to all prescribed medications. The patient takes Eliquis and aspirin for anticoagulation, and education was provided on signs and symptoms of bleeding, with the patient verbalizing understanding. Additional instruction was given on the purpose, dosing, and potential side effects of all medications. Skilled nursing services are scheduled at a frequency of once weekly for twelve weeks, then every other week (1w12w11w2). Ordered laboratory work, including hemoglobin A1C, complete blood count (CBC), and comprehensive metabolic panel (CMP), is to be drawn during the week of October 19, 2025.   The patient is homebound due to significant effort and assistance required to leave the home, as evidenced by a Tinetti balance score of 1/28. She will benefit from continued skilled nursing for medication management, lab coordination, and education, as well as ongoing physical and occupational therapy to address range of motion, strength, transfer safety, and functional mobility. The plan of care focuses on preventing complications, promoting limb healing, and supporting progressive independence within the home environment.
 Date of Order 10/16/2025 Orders Physician Face-to-Face Date: 10/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Hyperglycemia 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: OT Eval Notes: Physician Kingan, Michael<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh>

SN Careplans

SN WK1: 1 (10/16/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal electrolyte panel (EM), limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor: PATIENT/CG TO OBTAIN BLOOD GLUCOSE READING DAILY., venipuncture: SN TO OBTAIN A1C, CBC, CMP VIA VENIPUNCTURE WEEK OF 10/19/25, AND FAX RESULTS TO DR. MICHAEL KINGAN.

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 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, * 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, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO HAVE IMPROVED MOVEMENT

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 self-administers medications as prescribed
* 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
* 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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/16/2025

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PT Careplans

PT WK1: 1 (10/16/25-10/18/25) ,WK2: 2 (10/19/25-10/25/25) ,WK3: 2 (10/26/25-11/01/25) ,WK4: 2 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25) ,WK8: 1 (11/30/25-12/06/25)

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, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Home exercise program : Supine quad sets, glut sets, hip flexion, hip abduction, straight leg raise. Prone knee flexion , hip extension , Family training with caregiver , Standing tolerance at walker with left prosthesis , cough/deep breathing exercises, wheelchair 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 - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Standing tolerance with left prosthesis and walker will be 30 seconds, ROM right hip will be -10 degrees extension , ROM left knee with be -5 degrees extension

PT Goals

PATIENT-STATED GOAL: To get into the wheelchair by myself and stand up

GOALS
Chair to Bed to Chair - 06. Independent

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Standing tolerance with left prosthesis and walker will be 30 seconds

ROM right hip will be -10 degrees extension

ROM left knee with be -5 degrees extension

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises

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, Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger

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
* 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

Upper Body Dressing - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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