Home Health Certification and Plan of Care

Order ID: 1150/13591

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30819609690	06/23/2025	From: 10/21/2025 To: 12/18/2025	14485	217058

6. Patient's Name and Address

Dwan Moses
6717 Brompton Rd ,
Gwynn Oak, MD 21207-
443-449-9518

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 08/31/1969 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	06/23/25

13. ICD	Other Pertinent Diagnoses	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	06/23/25
I50.30	Unspecified diastolic (congestive) heart failure	06/23/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/23/25
N18.6	End stage renal disease	06/23/25
D63.1	Anemia in chronic kidney disease	06/23/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/23/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	06/23/25
J45.909	Unspecified asthma uncomplicated	06/23/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/23/25
E78.2	Mixed hyperlipidemia	06/23/25
I25.2	Old myocardial infarction	06/23/25
K21.9	Gastro-esophageal reflux disease without esophagitis	06/23/25
H54.3	Unqualified visual loss both eyes	06/23/25
E66.9	Obesity unspecified	06/23/25
Z68.31	Body mass index [BMI] 31.0-31.9 adult	06/23/25
Z89.512	Acquired absence of left leg below knee	06/23/25
Z99.2	Dependence on renal dialysis	06/23/25
Z79.4	Long term (current) use of insulin	06/23/25
Z79.82	Long term (current) use of aspirin	06/23/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	06/23/25
Z95.1	Presence of aortocoronary bypass graft	06/23/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	06/23/25
Z87.718	Personal history of (corrected) congenital malform of GU sys	06/23/25

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

albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL NEB) 3 mL, inhale # 360 mL inhalant four times a day
Amlodipine - Amlodipine Besylate 10 mg, 10 mg 1 tab, by mouth once a day
Aspirin 81Mg - Aspirin 81 mg take 1 tab Chew by mouth once a day
Atorvastatin - Atorvastatin Calcium 80 mg, 80 mg = 1 tab by mouth once a day
Calcium Acetate - Calcium Acetate 667 mg, 2,001 mg = 3 tab by mouth three times a day 2,001 mg = 3 tab, Tab, PO, With meals 3x/day
Carvedilol - Carvedilol 25 mg, 25 mg = 1 tab by mouth twice a day
cholecalciferol (cholecalciferol 50 mcg (2000 intl units) oral tablet} 50 mcg (2000 intl units), 50 mcg = 1 tab by mouth once a day
Citalopram - Auranofin 10 mg, 10 mg = 1 tab by mouth once a day
Clopidogrel - Clopidogrel 75 mg, 75 mg = 1 tab by mouth once a day 75 mg = 1 tab, stop on 9/7/2025, Tab, PO, Daily,
Benadryl - Diphenhydramine Hydrochloride 2% topical gel, 1 application, Use for itching after dialysis topical threee times per week 1 appl, Use for itching after dialysis, TOP, Tu/Th/Sa, PRN PRN itching, X 10 Day(s)
fluticasone-vilanterol (Breo Ellipta 100 mcg-25 mcg inhalation powder} inhale 1 puff inhalant once a day 1 puff, For bedside delivery today, Inhaler, Inhalation, Daily, # 1 ea
Gabapentin - Gabapentin 100 mg, 100 mg = 1 cap by mouth at bedtime 100 mg = 1 cap, Cap, PO, Nightly
Losartan Potassium - Losartan Potassium 50 mg, 50 mg 1 tab, by mouth once a day
Nephro-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day
Naloxone - Naloxone Hydrochloride 4 mg/0.1 mL nasal spray, 4 mg = 1 spray nasal as necessary 4 mg = 1 spray, For suspected opioid overdose, administer a single spray of Naloxone nasal spray into one nostril, Soln-Nasal, Inhale-nasal, As Indicated, PRN PRN opiate reversal
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg, 0 mg = 2 tab by mouth every 8 hours 10 mg = 2 tab, Tab, PO, q8h, PRN PRN pain
Pantoprazole - Pantoprazole Sodium 40 mg, 40 mg = 1 tab by mouth once a day
Diphenhydramine Hydrochloride - Diphenhydramine Hydrochloride 25 mg, 25 mg = 1 tab by mouth four times a day 25 mg = 1 tab, Tab, PO, 4x/day, PRN PRN itching
Acetaminophen - Acetaminophen 500 mg, 1,000 mg = 2 tab by mouth every 8 hours 1,000 mg = 2 tab, Tab, PO, g8h, PRN PRN as needed for pain,
Loratadine - Loratadine 10 mg = 1 tab by mouth once a day
Albuterol - Albuterol 3 mL, Soln, Inhalation inhalant every 6 hours mL, Soln, Inhalation, q6h, PRN PRN for wheezing
Oxygen - Oxygen 3 LPM nasal cannula as necessary As needed for shortness of breath.
Imodium - Loperamide Hydrochloride 2 mg by mouth twice a day Take no more than 4 softgels in 24 hrs. For loose stools
Cetirizine Hydrochloride - Cetirizine Hydrochloride 5 mg by mouth threee times per week Take on dialysis days- Tuesdays, Thursdays, Saturdays
Isosorbide Mononitrate - Isosorbide Mononitrate 60mg 1 tab by mouth in the morning New med in home, patient needs to be instructed
Cetirizine Hydrochloride - Cetirizine Hydrochloride 5 mg by mouth every other day Tues, Thur, Sat

14. DME and Supplies:

ventilator and supplies, diabetic supplies, commode, rolling walker, walker, wheelchair, bath bench

15. Safety Measures:

wheelchair precautions, walker precautions, , remove environmental barriers, , diabetic precautions, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Amputation

18.B. Activities Permitted

Wheelchair, Crutches, Exercises Prescribed, Up As Tolerated, Transfer bed/Chair, , Walker,

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Daljeet Saluja
821 N Eutaw St
Baltimore, MD 21201
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024

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 : 06/10/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/13591

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30819609690	06/23/2025	From: 10/21/2025 To: 12/18/2025	14485	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dwan Moses 6717 Brompton Rd , Gwynn Oak, MD 21207- 443-449-9518	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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.

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter For Orthopedic Aftercare Following Surgical Amputation, 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 alert and oriented to person, place, time, and situation, and she denies experiencing any pain. During the visit, she was observed in her wheelchair in the kitchen, attempting to prepare breakfast, indicating a level of independence in daily activities. While present, a call was received from Dr. Kool's office requesting authorization for continued care, as the patient continues to require weekly dressing changes to the central line located in her left chest. A recertification interview was completed during the visit, and a comprehensive medication review was conducted. The patient demonstrated appropriate engagement throughout the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, and no immediate concerns were noted regarding her current clinical status aside from the ongoing need for central line care. Continued skilled nursing services remain appropriate to support her medical needs and promote overall health and safety.
 Date of Order 10/17/2025 Orders Physician Face-to-Face Date: 06/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-wound management pt-eval & treat ot-eval & treat dx: Encounter for orthopedic aftercare following surgical amputation 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: PT re-evaluation performed recently by recertifying clinician secondary to recent hospital due to L foot wound that worsened and resulted in L BKA
 Physician Saluja, Daljeet

SN Careplans

SN Goals

PT Careplans

PT WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25)

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, blood sugar < 60 > 300

CAREGIVER: WFL

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess the pt's incision and on post op day 12-14 the nurse or physical therapist will remove the patient's staples and leave OTA., Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.

PT Goals

PATIENT-STATED GOAL: to be able to walk again

GOALS
Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assista

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

Walk 10 ft on Uneven Surface - 03. Partial/moderate assista

1 - Step (curb) - 03. Partial/moderate assistance

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/17/2025

Home Health Certification and Plan of Care

Order ID: 1150/13591

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30819609690	06/23/2025	From: 10/21/2025 To: 12/18/2025	14485	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dwan Moses 6717 Brompton Rd , Gwynn Oak, MD 21207- 443-449-9518	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: Pain Effect on Sleep, M1400 Dyspnea, obesity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, gait training on uneven surfaces, gait training/stair 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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assista, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, Walk 10 ft on Uneven Surface - 03. Partial/moderate assista, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/17/2025