

Home Health Certification and Plan of Care				Order ID: 1150/13592	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
76164347		08/12/2025		From: 10/11/2025 To: 12/08/2025	
				4. Medical Record No.	
				1170	
				5. Provider No.	
				217058	
6. Patient's Name and Address Frederick Fischer 7879 Oakdale Avenue, Baltimore, MD 21237- 443-938-2599				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 03/03/1954 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD	Principal Diagnosis		Date	Glucophage - Metformin Hydrochloride 1gm 1000mg, 1 tablet by mouth twice a day With meals	
T87.89	Other complications of amputation stump		08/12/25	Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 100mg, 1 tablet by mouth once a day Each day	
13. ICD	Other Pertinent Diagnoses		Date	Tylenol - Acetaminophen 325mg, 2 tablets by mouth every 4 hours as needed for pain	
T87.44	Infection of amputation stump left lower extremity		08/12/25	Lipitor - Atorvastatin Calcium eq 40 mg base 40mg, 1 tablet by mouth in the morning	
L03.115	Cellulitis of right lower limb		08/12/25	Aspirin 81Mg - Aspirin 81mg, 1 tablet by mouth once a day CAD, PAD	
G54.6	Phantom limb syndrome with pain		08/12/25	Lasix - Furosemide 40 mg 40MG; 1/2 TAB by mouth once a day each day in the morning	
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		08/12/25	Miralax - Polyethylene Glycol 3350 17gm/scoopful 17G; 1 PACKET by mouth once a day AS NEEDED FOR CONSTIPATION	
I10.	Essential (primary) hypertension		08/12/25	Senna - Senna 8.6MG; 2 TABS inhalant in the evening AS NEEDED FOR CONSTIPATION	
J44.9	Chronic obstructive pulmonary disease unspecified		08/12/25	Dilaudid - Hydromorphone Hydrochloride 4 mg 4MG; 1 TAB by mouth every 6 hours AS NEEDED FOR PAIN	
E78.00	Pure hypercholesterolemia unspecified		08/12/25	Humulin nph insulin kwikpen(Isophane) 100unit/ml(3ml) ,inject 10 units subcutaneous twice a day DM2	
K59.00	Constipation unspecified		08/12/25	Cymbalta - Duloxetine Hydrochloride 60 mg 30mg,1 capsule by mouth once a day	
F43.22	Adjustment disorder with anxiety		08/12/25	Gabapentin - Gabapentin 300 mg take 2 capsules by mouth three times a day Neuropathic pain.	
F32.A	Depression unspecified		08/12/25		
Z89.612	Acquired absence of left leg above knee		08/12/25		
Z79.2	Long term (current) use of antibiotics		08/12/25		
Z79.4	Long term (current) use of insulin		08/12/25		
Z79.82	Long term (current) use of aspirin		08/12/25		
Z87.891	Personal history of nicotine dependence		08/12/25		
14. DME and Supplies: wheelchair, diabetic supplies, bath bench, grab bars, wound care supplies				15. Safety Measures: diabetic precautions, wheelchair precautions, , bathroom safety,	
16. Nutrition: diabetic				17. Allergies: no known allergies	
18.A. Functional Limitations Ambulation				18.B. Activities Permitted Wheelchair	
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 patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Other Complications Of Amputation Stump, 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: <div>The patient is a 71-year-old male with a past medical history of type 2 diabetes mellitus, hypertension, and phantom limb pain. He has a left above-knee amputation (AKA) with a surgical site that is left open to air (LOTA), with staples intact and pending removal by the surgeon. He also presents with right leg cellulitis and open wounds to the right lower extremity (RLE). A wound care regimen has been ordered, involving daily dressing changes with alternating gauze soaks using Dakin's 1/4 strength solution and acetic acid. Detailed wound care instructions were provided, including gentle cleaning, soaking with solution-specific gauze, irrigation with normal saline, and application of xeroform gauze followed by dry dressings. The patient reports a pain level of 5, and pre-medication for pain is advised prior to dressing changes. Teaching on clean wound care techniques was provided to the patient's spouse, who verbalized understanding. The patient also presents with +2 edema in the right foot and was advised to keep the leg elevated while seated or lying down. Current vital signs are stable. The patient remains wheelchair-bound but is independent with transfers and wheelchair mobility. His left AKA wound remains non-healing, and he continues to have a right foot ulcer. He was educated on lower extremity and stump conditioning exercises. At this time, there is no indication for physical therapy until he is ready for prosthesis training. The patient expressed interest in receiving a prosthetic limb for his left leg. He spends most of his time in a wheelchair, and his family remains actively involved in his care. Wound care teaching and follow-up will continue on subsequent <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh>.</div><div> </div><div> </div><div>Date of Order</div><div>10/07/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 08/07/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Other complications of amputation stump</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>4 - Recertification Notes: The patient is being recertified due to an unhealed right leg wound.</div><div> </div><div>Physician</div><div>Chambers, Jerome</div></div>					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 10/07/2025				25. Date HHA Received Signed POT	
24. Physician's Name and Address Jerome Chambers 4920 Campbell Blvd White Marsh, MD 21236 PHONE: 14109337600 FAX: NPI: 1053978189				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 : 08/07/2025	
27. Attending Physician's Signature and Date Signed 11/07/2025 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. PAGE 1 of 2	

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SN WK2: 1 (10/12/25-10/18/25) ,WK3: 2 (10/19/25-10/25/25) ,WK4: 2 (10/26/25-11/01/25) ,WK5: 2 (11/02/25-11/08/25) ,WK6: 2 (11/09/25-11/15/25) ,WK7: 2 (11/16/25-11/22/25) ,WK8: 2 (11/23/25-11/29/25) ,WK9: 2 (11/30/25-12/06/25) 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: abn cholesterol > 200 mg/dL PROCEDURES: Medication Review: Medication review done by the patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: RLE open wounds: Daily dressing change with alternating pre-dressing gauze soaks: Dakin's 1/4 strength solution and Acetic acid. Please pre-medicate the patient for pain prior to the dressing change 1) Carefully remove the old dressing, moistening with saline or Vaseline for removal as needed. Clean wounds gently with mild soap and water and a soft washcloth to remove exudate. Apply 5 min Gauze soak with 4x4 gauze: Acetic Acid ((Tu/Thurs/Sat), Dakin's 1/4 strength solution (MWE), remove gauze, soak and irrigate with NS flush, pat dry, and apply xeroform gauze. Apply dry dressing: 4x4 gauze, soft washcloth, Abd pad(s), kerlix wrap secured with tape. Left AKA: LOTA, 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, * low cholesterol dietary guidelines, 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, 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, * 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-STATED GOAL: For wounds to heal 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 * low cholesterol dietary guidelines * 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 self-administers medications as prescribed * 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 manage skin condition including physician-prescribed treatment * skin care * bathing * sun protection * diet * exercise * recalls related medication(s) purpose, schedule patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * 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/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 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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/07/2025