Home Health Certification and Plan of Care

Order ID: 1150/14030

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
28113005	11/14/2025	From: 11/14/2025 To: 01/12/2026	14508	217058

6. Patient's Name and Address

Denise Fisher
4110 Wentworth Rd,
GWYNN OAK, MD 21207-
410-499-6150

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 10/16/1960 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	11/14/25

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	11/14/25
M86.9	Osteomyelitis unspecified	11/14/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/14/25
I10.	Essential (primary) hypertension	11/14/25
E78.5	Hyperlipidemia unspecified	11/14/25
J45.909	Unspecified asthma uncomplicated	11/14/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/14/25
E87.6	Hypokalemia	11/14/25
Z79.82	Long term (current) use of aspirin	11/14/25
Z79.01	Long term (current) use of anticoagulants	11/14/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	11/14/25
Z79.4	Long term (current) use of insulin	11/14/25
Z89.432	Acquired absence of left foot	11/14/25

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

Xarelto - Rivaroxaban 2.5 mg by mouth twice a day Blood thinner per patient
Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth three times a day for pain to left foot.
Aspirin 81Mg - Aspirin 81 MG, Give 1 tablet by mouth once a day for PAD
Clopidogrel - Clopidogrel 75 mg 75MG; 1 TAB by mouth once a day ANTICOAGULANT FOR PAD
Montelukast Sodium - Montelukast Sodium 10 mg 10 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Asthma
Pregabalin - Pregabalin 100MG; 1 CAP by mouth three times a day PAIN
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 20 MG, Give 1 tablet by mouth once a day HLD
Albuterol Sulfate Inhalation Nebulization Solution 1.25 MG/3ML 3 ml inhale orally inhalant every 6 hours 3 ml inhale orally every 6 hours as needed for Wheezing/SOB
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5 MG, Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for pain to left foot
BREYNA 160-4.5MCG/INH inhalant twice a day ASTHMA
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puff inhale orally inhalant every 6 hours AS NEEDED FOR WHEEZING
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 10 MG, Give 1 tablet by mouth once a day for HTN
Humulin Insulin 70/30 - Insulin Recombinant Human 22Units am/ 20Units pm subcutaneous twice a day 22 units every morning and 20 units every night

14. DME and Supplies:

rolling walker, bath bench, , large base quad cane, diabetic supplies, wound care supplies, wheelchair,

15. Safety Measures:

ambulates with device, medication safety, fall precautions, walker precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

1800cal ADA, ,

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Amputation

18.B. Activities Permitted

Up As Tolerated, Partial Weight Bearing

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

Homebound status: Due to diagnosis 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 a 65-year-old female with a past medical history significant for type 2 diabetes mellitus, polyneuropathy, hyperlipidemia, hypertension, peripheral vascular disease, and a cardiac arrest in June 2025. She was recently discharged from an inpatient rehabilitation facility following a left lower extremity forefoot amputation and is admitted to home health for follow-up, including education on medication management, blood sugar monitoring, diet and lifestyle modifications, and continued physical therapy services. The patient is alert and oriented 4 and reports baseline neuropathic foot pain at 7/10, managed with PRN oxycodone. Her left foot is currently dressed with kerlex and a sock covering, and she prefers to maintain the dressing despite previous instructions from her rehabilitation provider. Wound care orders for cleaning with normal saline and Betadine three times per week were reviewed and accepted by the patient, to begin next week. On assessment, the patient demonstrates near-independent ambulation in her home using a single-point cane, with weight-bearing as tolerated on the left lower extremity. She is currently using a boot for protection, with PT recommending ambulation in equal-height shoes pending podiatry clearance. Vital signs were obtained, medications reviewed, and a PT evaluation completed. Prior to hospitalization, the patient was independent in self-care and living with her husband in a home with a second-floor bedroom. At this time, she is medically stable, ambulates safely with minimal assistance, and agrees with the plan that no additional PT services are required, while continuing to follow wound care and home health education recommendations.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/14/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 10/17/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and 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<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Eseonu Ewoh, Nkechinyerem

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Nkechinyerem Eseonu Ewoh
7070 Samuel Morse Dr
Columbia, MD 21246
PHONE: FAX: NPI: 1114247541

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 : 10/17/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Denise Fisher 4110 Wentworth Rd, GWYNN OAK, MD 21207- 410-499-6150	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (11/14/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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

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, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, limited endurance, muscle weakness, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, #1 - Non-Observable Surgical Wound - Anterior Left Foot -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, physician-ordered wound care: Cleanse with normal saline apply betadine wet to dry dressing 3 X Weekly to LLE stump, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, caregiver administers and/or packages medications appropriately

PATIENT-STATED GOAL: "I want my foot to be completely healed."

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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 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

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 4 Steps - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To be independent

GOALS
4 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/14/2025