Home Health Certification and Plan of Care

Order ID: 1150/14459

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6GA9H36FH45	11/29/2025	From: 11/29/2025 To: 01/27/2026	19716	217058

6. Patient's Name and Address

Jonathan Gonzales
5404 Belair Rd,
BALTIMORE, MD 21206-
410-236-7199

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 07/17/1971 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	11/29/25

13. ICD	Other Pertinent Diagnoses	Date
I96.	Gangrene not elsewhere classified	11/29/25
E11.52	Type 2 diabetes w diabetic peripheral angiopathy w gangrene	11/29/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/29/25
N18.6	End stage renal disease	11/29/25
D63.1	Anemia in chronic kidney disease	11/29/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/29/25
G47.00	Insomnia unspecified	11/29/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	11/29/25
E55.9	Vitamin D deficiency unspecified	11/29/25
M19.90	Unspecified osteoarthritis unspecified site	11/29/25
E78.5	Hyperlipidemia unspecified	11/29/25
Z79.2	Long term (current) use of antibiotics	11/29/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/29/25
Z79.82	Long term (current) use of aspirin	11/29/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	11/29/25
Z99.2	Dependence on renal dialysis	11/29/25
Z89.511	Acquired absence of right leg below knee	11/29/25
Z89.422	Acquired absence of other left toe(s)	11/29/25
Z87.891	Personal history of nicotine dependence	11/29/25

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

Aspirin - Aspirin 81 mg chewable tablet Take 1 tablet by mouth once a day PAD
calcium acetate(phosphate binders) 667 mg capsule., Take 2 caps by mouth three times a day with meals for ESRD
Clopidogrel - Clopidogrel 75 mg tablet take 1 tab by mouth once a day BLOOD THINNER
Benadryl - Diphenhydramine Hydrochloride 25 mg 25 mg capsule take 1 cap by mouth as necessary GBH PRN Itening
Folic Acid - Folic Acid 1 mg 1MG; 1 TAB by mouth once a day SUPPLEMENT
INSULIN GLARGINE 100 UNITS/ML; 8 UNITS subcutaneous at bedtime DIABETES
Humalog - Insulin Lispro Recombinant 100 units/ml 100 UNITS/ML; 3 UNITS subcutaneous three times a day WITH MEALS DIABETES
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg 5 mg tablet take 3 tablet by mouth three times a day PO TID for hypotension (Hold for SBP-130) (3 tabs15mg)-do not give last dose after 6 pm or within 4 hrs of bedtime
Nephro-Vite 0.8 mg tablet, Take 1 tablet by mouth once a day daily for supplement
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5MG; 1 TAB by mouth every 4 hours AS NEEDED FOR PAIN
Crestor - Rosuvastatin Calcium 10 mg 10MG; 1 TAB by mouth once a day CHOLESTEROL
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 400MG-80MG by mouth once a day FOR 10 DAYS; 4 DAYS LEFT
Vancomycin - Vancomycin Hydrochloride 125MG; 1 TAB by mouth once a day C. DIFF TREATMENT 2 DAYS LEFT
Betadine - Povidone-Iodine 10% topical solution, topical as necessary Apply betadine to right 3rd finger wound and leave OTA daily. Apply to left foot and cover with nonstick dressing daily

14. DME and Supplies:

wheelchair, rolling walker, diabetic supplies, bath bench, walker, commode, wound care supplies, hospital bed, cane, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, , non-weight bearing LLE, , diabetic precautions, , , infectious material management, transfer with assist, supervision at all times, sharps precautions, , activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Amputation

18.B. Activities Permitted

Wheelchair, Walker, Up As Tolerated, Exercises Prescribed, 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: 1. Dependent - A helper completed all the activities for the patient.

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 Enterocolitis Due To Clostridium Difficile, Not Specified As Recurrent, 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 54-year-old male with a complex medical history significant for coronary artery disease, heart failure with volume overload, end-stage renal disease on hemodialysis three times weekly (Monday, Wednesday, Friday), type 2 diabetes mellitus on insulin, peripheral arterial and vascular disease, anemia, osteoarthritis, hypotension, history of sepsis, functional quadriplegia, prior right below-knee amputation with prosthesis in the home, and recent right tibial bone transport on 11/17/25. He is status post revision of a left transmetatarsal amputation with transverse tibial bone transport on 11/17/25 and completed a course of IV antibiotics on 11/29; he is currently maintained on oral vancomycin and Bactrim DS. The patient has a left lower extremity external fixator in place, a left foot incision with sutures ordered for daily Betadine care, and a right middle finger wound secondary to gangrene, currently dry and open to air. He resides in an assisted living facility, with his sister-who is a nurse-assisting with wound care; assisted living staff manage his medications. On today's visit, the patient was alert and oriented x3 with a fingerstick blood glucose of 130 mg/dL. He denied pain and shortness of breath. Lung sounds were clear bilaterally. He reported increased appetite, last bowel movement was yesterday, and he is anuric secondary to ESRD. A right subclavian dialysis catheter was noted with dressing intact. Skilled nursing performed ordered wound care to the left foot without complication; the external fixator dressing remained intact, and the right finger wound was dry and open to air. The assisted living facility owner observed the wound care during the visit. Functionally, the patient is independent with bed mobility, performs sit-to-stand transfers using his right prosthesis and left cast shoe with close supervision, and completes bed-to-wheelchair stand-pivot transfers with close

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 10/30/2025

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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supervision; he declined ambulation during the visit. He demonstrates significant difficulty with upper extremity use due to right finger gangrene. He tolerated 10 repetitions each of supine hip flexion, bridging, hooklying rotation, straight leg raises, and hip abduction. The patient lives in assisted living with a ramp for entry, with bedroom and bathroom on the first floor, and is considered homebound due to the significant effort required to leave the facility via wheelchair with assistance. All medications are managed by the assisted living facility. A follow-up physician appointment is scheduled for 12/04/25. Physical and occupational therapy evaluations are ordered. Skilled nursing initiated coordination for wound supply orders and will continue to monitor wound healing, dialysis access, infection risk, glycemic control, cardiovascular status, and overall functional safety. The plan of care includes continued skilled nursing for wound management and disease monitoring, and skilled PT/OT to address decreased balance, strength, standing tolerance, and activity tolerance to improve functional independence and facilitate return to prior level of function.
 Date of Order 11/29/2025 Orders Physician Face-to-Face Date: 10/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Enterocolitis Due To Clostridium Difficile, Not Specified As Recurrent 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 Rollins Mrs., Lawanda

SN Careplans

SN WK1: 1 (11/29/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 2 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26) ,WK7: 2 (01/04/26-01/10/26) ,WK8: 2 (01/11/26-01/17/26) ,WK9: 1 (01/18/26-01/21/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited range of motion, limited strength, limited endurance, balance deficit, loss of appetite, rough/scaly/cracked skin, discolored patches of skin, bleeding/discharge at site, #1 - Observable Surgical Wound - Anterior Left Foot - LEFT INCISION WITH SUTURES SOME OPEN AREAS NOTED BLOODY DRAINAGE NOTED, #2 - Other - Other - RIGHT HAND MIDDLE FINGER - DRY

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN/CG TO CLEANSE THE LEFT FOOT INCISION WITH NSS, PAT DRY, APPLY BETADINE, COVER WITH DRY DRESSING, WRAP WITH KERLIX, SECURE WITH ACE WRAP DAILY. CG TO PERFORM WHEN SN NOT AVAILABLE. RIGHT HAND FINGER IS OPEN TO AIR. EXTERNAL FIXATOR IN PLACE. FOLLOW UP WITH MD ON 12/4/25. NO ORDERS., glucose testing via monitor: CG TO OBTAIN BLOOD GLUCOSE LEVELS AC/HS, coordinate/arrange for maintenance of clean/uncluttered living area

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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, * dietary guidelines for managing nutritional deficit, 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, * 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I JUST WANT MY FOOT TO HEAL WITHOUT PROBLEMS SO I CAN START WALKING AGAIN

GOALS
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

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

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/29/2025

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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
* 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
* 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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 2 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26) ,WK7: 1 (01/04/26-01/10/26) ,WK8: 1 (01/11/26-01/17/26) ,WK9: 1 (01/18/26-01/24/26)

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, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip extension, hip abduction, squats. Sitting knee extension, left ankle pumps, Prosthetic training , Prone lying daily, cough/deep breathing exercises, 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 assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Ambulate independently with cane on all surfaces

GOALS
Toilet Transfer - 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 - 04. Supervision or touching assistance

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

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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: Medication Review : Medication reviewed with patient , equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with lower body dressing, assist with upper body dressing, 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, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL: Walk better

GOALS
Shower/Bathe Self - 05. Setup or clean-up 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 works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
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