Home Health Certification and Plan of Care

Order ID: 1150/14594

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36050380	10/09/2025	From: 12/07/2025 To: 02/04/2026	4425	217058

6. Patient's Name and Address

Phillip Spears
401 S. Wickham Road,
BALTIMORE, MD 21229-
443-310-8242

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 08/17/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
J44.9	Chronic obstructive pulmonary disease unspecified	10/09/25
I10.	Essential (primary) hypertension	10/09/25
I73.89	Other specified peripheral vascular diseases	10/09/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	10/09/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	10/09/25
E78.49	Other hyperlipidemia	10/09/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/09/25
Z79.899	Other long term (current) drug therapy	10/09/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	10/09/25
Z79.51	Long term (current) use of inhaled steroids	10/09/25
Z99.81	Dependence on supplemental oxygen	10/09/25
Z89.612	Acquired absence of left leg above knee	10/09/25

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

Acetaminophen - Acetaminophen 650mg by mouth every 6 hours
Mirtazapine - Mirtazapine 7.5 mg 7.5mg; 1 tab by mouth at bedtime for appetite
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 40mg by mouth once a day GERD
Eliquis - Apixaban 5MG; 1 TAB by mouth every 12 hours PVD/STENTING
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 25MG; 1 TAB by mouth every 12 hours BLOOD PRESSURE
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4mg, 1 capsule by mouth at bedtime BPH
Asa 81 Mg - Aspirin 81MG; 1 TAB by mouth once a day PVD
Iron - Ferrous Sulfate: Folic Acid 65MG; 1 TAB by mouth once a day SUPPLEMENT
Sertraline - Sertraline Hydrochloride 50MG; 1 TAB by mouth once a day ANTIDEPRESSANT
Atorvastatin Calcium - Atorvastatin Calcium 80mg by mouth at bedtime CHOLESTEROL
Oxygen - Oxygen 2.0 L nasal cannula as necessary
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500MG; 1 TAB by mouth once a day SUPPLEMENT
Colace - Docusate Sodium 100MG; 1 TAB by mouth once a day BOWEL REGIMEN
Folic Acid - Folic Acid 800MCG; 1 TAB by mouth once a day SUPPLEMENT
Albuterol Sulfate - Albuterol Sulfate 2.5mg inhalant every 4 hours AS NEEDED FOR SOB
Oxycontin - Oxycodone Hydrochloride 10 mg 10mg; 1 tab by mouth every 12 hours as needed for pain

14. DME and Supplies:

wheelchair, rolling walker, oxygen supplies, hospital bed, commode, bath bench

15. Safety Measures:

wheelchair precautions, , restricted ROM, remove environmental barriers, , , electrical safety measures, , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Amputation, Ambulation, Endurance, Balance

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

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

Homebound status: After undergoing Left Above-Knee 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 an 86-year-old male recently discharged from Autumn Lake Rehabilitation following a left above-knee amputation (AKA) secondary to peripheral vascular disease (PVD). He now requires skilled nursing, physical therapy, and occupational therapy services at home. His past medical history is significant for chronic obstructive pulmonary disease (COPD), hypertension, hyperlipidemia, benign prostatic hyperplasia (BPH), gastroesophageal reflux disease (GERD), rheumatoid and osteoarthritis, and a history of renal cancer. The patient underwent left AKA in September 2024 after presenting with a cold, painful, and swollen left lower extremity and a left malleolar ulcer, with imaging revealing severe arterial stenosis. He reports occasional phantom limb sensations in the left leg. He resides in a single-level home with his wife, where his daughter and granddaughter serve as primary caregivers and are available to assist throughout the day. The home has four steps leading to the entrance, with the bedroom and bathroom on the first floor. On evaluation, the patient is alert and oriented 4, demonstrating limited endurance and functional mobility. He ambulates approximately 25 feet using a walker with a hop-to gait under supervision, and transfers to bed, toilet, and wheelchair with supervision as well. Bed mobility requires supervision, and outdoor mobility, step negotiation, and car transfers were not yet assessed. The patient remains homebound due to the taxing effort required to leave the home, as evidenced by a Tinetti balance score of 14/28, indicating a high fall risk. He possesses a left leg prosthesis in the home, which will be integrated gradually into his rehabilitation plan to promote improved ambulation and balance. Education was provided regarding safe transfer techniques, fall prevention strategies, and the importance of adherence to prescribed home exercise programs (HEP) to build strength and enhance mobility. Continued skilled therapy is recommended to improve balance, endurance, and strength, aiming to maximize independence with activities of daily living and facilitate safe functional mobility using the prosthesis.
 Date of Order 12/02/2025 Orders Physician Face-to-Face Date: 08/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Left Above-Knee 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: Recert due to Post Amputation. Patient states hip left stump is sore and did not feel comfortable placing gel insert on leg or wearing prosthesis today. Plan to progress with gait. Physician Fitzgerald, Tarnisha

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tarnisha Fitzgerald
7950 Harford Rd
Parkville, MD 21234
PHONE: 8444810217 FAX: 18443101510 NPI: 1164940656

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 : 08/19/2025

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/07/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26) ,WK8: 1 (01/25/26-01/31/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: WNL

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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, 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: coughing

PROCEDURES: Home exercise program : Supine hip flexion, bridging, straight leg raise, hip abduction. Prone knee flexion, hip extension. Standing with prosthesis hip abduction, hip extension. Sitting knee extension., Prosthetic training/education , 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: To be able to walk in my house and not use the wheelchair

GOALS
Toilet Transfer - 06. Independent

Car Transfer - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Sit to Stand - 04. Supervision or touching assistance

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

Walk 10 Feet - 04. Supervision or touching assistance

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/02/2025