

Home Health Certification and Plan of Care				Order ID: 1150/14134	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36444355		11/14/2025		From: 11/14/2025 To: 01/12/2026	
				4. Medical Record No.	
				19255	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Dewane Wilmoth				HomeCentris Healthcare LLC	
17502 Bunker Hill Road,				10 Crossroads Drive, Suite 102	
PARKTON, MD 21120-				Owings Mills, MD 21117-8284	
772-224-1961				410-321-8448	
				1487113239	
8. DOB				9. Sex	
01/25/1961				Male	
11. ICD		Principal Diagnosis		Date	
M72.6		Necrotizing fasciitis		11/14/25	
13. ICD		Other Pertinent Diagnoses		Date	
S31.31XD		Laceration w/o foreign body of scrotum and testes subs		11/14/25	
I13.0		Hyp hrt & chr kidney dis w hrt fail and stg 1-4/unsp chr kidney		11/14/25	
I50.32		Chronic diastolic (congestive) heart failure		11/14/25	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		11/14/25	
N18.32		Chronic kidney disease stage 3b		11/14/25	
E11.65		Type 2 diabetes mellitus with hyperglycemia		11/14/25	
J44.9		Chronic obstructive pulmonary disease unspecified		11/14/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		11/14/25	
F52.21		Male erectile disorder		11/14/25	
E78.5		Hyperlipidemia unspecified		11/14/25	
I48.91		Unspecified atrial fibrillation		11/14/25	
I25.10		Athsc heart disease of native coronary artery w/o ang pctrs		11/14/25	
I35.0		Nonrheumatic aortic (valve) stenosis		11/14/25	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		11/14/25	
F17.210		Nicotine dependence cigarettes uncomplicated		11/14/25	
K57.90		Dvrtclos of intest part unsp w/o perf or abscess w/o bleed		11/14/25	
K64.4		Residual hemorrhoidal skin tags		11/14/25	
K63.5		Polyp of colon		11/14/25	
E29.1		Testicular hypofunction		11/14/25	
E66.9		Obesity unspecified		11/14/25	
Z68.31		Body mass index [BMI] 31.0-31.9 adult		11/14/25	
Z79.4		Long term (current) use of insulin		11/14/25	
14. DME and Supplies:				15. Safety Measures:	
wound care supplies, diabetic supplies				medication safety, fall precautions, infectious material management, diabetic precautions, sharps precautions, standard precautions	
16. Nutrition:				17. Allergies:	
diabetic				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
None of the above				Up As Tolerated	
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: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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	
Homebound status: Due to diagnosis of Necrotizing fasciitis, 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:		<p class="MsoNoSpacing">The patient is alert and oriented and resides at home with family, with his wife serving as the primary caregiver assisting with dressing changes. A medication review was completed, and adjustments were made as appropriate. Nursing assessment of the surgical site revealed a very large wound; there are currently no wound care orders, and the physician has been notified. Vital signs are within normal limits for the patient. The patient's past medical history includes type 2 diabetes mellitus, hypertension, hyperlipidemia, and atrial fibrillation. He was recently discharged from the hospital following treatment for necrotizing fasciitis involving the right groin, thigh, and scrotum.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">11/14/2025</p><p class="MsoNoSpacing">Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 11/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management DX : Necrotizing fasciitis Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing">1 - SOC - SN Notes:</p><p class="MsoNoSpacing">Physician: Rahnama, Mohammad</p>			
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/14/2025					
24. Physician's Name and Address				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.	
Mohammad Rahnama				F2F date : 11/04/2025	
9512 HARFORD ROAD					
PARKVILLE, MD 21234					
PHONE: 410-665-4400 FAX: 14106612420 NPI: 1952458739					
27. Attending Physician's Signature and Date Signed				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.	
11/26/2025 Date of physician last face-to-face				PAGE 1 of 2	

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6. Patient's Name and Address Dewane Wilmoth 17502 Bunker Hill Road, PARKTON, MD 21120- 772-224-1961		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		
SN WK1: 1 (11/12/25-11/15/25), WK2: 1 (11/16/25-11/22/25), WK3: 1 (11/23/25-11/29/25), WK4: 2 (11/30/25-12/05/25) 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: 2. Non-agency caregiver(s) need training/supportive services to 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling in the arms/legs, weak pulses in feet, dependent edema, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, #1 - Observe Surgical Wound - Other - Inner right thigh and scrotum - Wound bed is red with no s/s of infection. Moderate amount of clear drainage with no odor and mild pain. Patient and family needs follow up teaching and monitoring. PROCEDURES: Physician wound care orders: DISCONTINUED AS OF 11/20/2025. Skilled nurse/family member to cleanse wound to right upper thigh and scrotum area with normal saline pat dry. Apply Vaseline gauze to area cover with stir 4 x 4's and ABD pad and secure with ace wrap daily and PRN soiled..., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments: Instruct caregiver on proper wound care and infection control on each visit., physician-ordered wound care: Discontinue all previous wound care.....New Order as of 11/20/2025 to right medial thigh and scrotum, Cleanse wound with gauze and sterile saline. Cut a piece of Collagen Dressing/Endoform to the size of the wound, moisten collagen dressing/Endoform with saline so that it is barely damp and place over wound bed, Cover collagen with contact layer (Urgotul or Adaptic). Apply ABD pad. Secure entire dressing with rolled gauze. Tape rolled gauze to itself, not to skin. Apply Ace wraps each morning, remove each evening. Change every 2-3 days. Can change the outer dressing (ABD and gauze wrap more often if needed). , glucose testing via monitor: Nurse to observed patient taking blood glucose and document results in patient's chart on each visit., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision 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, * 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		PATIENT-STATED GOAL: "I want my wound to heal without complications" GOALS patient/caregiver recalls * how to optimize range of motion with active and passive therapeutic exercises * manage pain/discomfort * fluid and diet intake to promote healing * prevent constipation * 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 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 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 * low-fat diet * lifestyle modifications to manage esophageal condition * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		

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