

Home Health Certification and Plan of Care				Order ID: 1150/14711	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
41204346300		12/05/2025		From: 12/05/2025 To: 02/02/2026	
4. Medical Record No.		5. Provider No.			
19935		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Eugene Nickels 603 S Ann St Apt 603, BALTIMORE, MD 21231- 410-671-8347			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
10/29/1952			Male		
11. ICD 10.			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Principal Diagnosis			Amlodipine - Amlodipine Besylate 2.5 mg tablet,Take 1 tablet by mouth once a day Internal Note: for htn		
Essential (primary) hypertension			Atorvastatin - Atorvastatin Calcium 10 mg tablet,Take 1 tablet by mouth once a day Internal Note: for hyperlipidemia		
13. ICD			Date		
Other Pertinent Diagnoses			12/05/25		
E78.00 Pure hypercholesterolemia unspecified			12/05/25		
I25.10 Athscl heart disease of native coronary artery w/o ang pctrs			12/05/25		
M81.0 Age-related osteoporosis w/o current pathological fracture			12/05/25		
K59.00 Constipation unspecified			12/05/25		
M19.90 Unspecified osteoarthritis unspecified site			12/05/25		
Z79.82 Long term (current) use of aspirin			12/05/25		
Z89.511 Acquired absence of right leg below knee			12/05/25		
Z86.73 Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits			12/05/25		
14. DME and Supplies:			15. Safety Measures:		
grab bars, wheelchair, commode, hospital bed, 4 wheeled walker, Transfer board			wheelchair precautions, , , emergency phone number prominently displayed, , electrical safety measures, bathroom safety, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance, Amputation			Walker, Wheelchair, Exercises Prescribed, 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: 2. Sometimes, 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 Essential Primary Hypertension , 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 73-year-old male with a medical history significant for peripheral vascular disease, hypertension, and cerebrovascular accident, who was hospitalized on May 25 for a right above-knee amputation. He resides alone in an elevator-accessible senior apartment building and currently receives Meals on Wheels services, though he reports a need for additional transportation support. He is followed by an in-home physician and has not yet been fitted for a prosthesis. Prior to hospitalization, the patient was independent with basic self-care, functional transfers, and mobility tasks. At present, he demonstrates decreased standing balance, reduced activity and standing tolerance, and diminished bilateral upper-extremity strength, contributing to decreased independence in self-care, transfers, and functional mobility. He performs bed mobility independently and is able to transfer from wheelchair to bed using a transfer board without assistance; transfers to the toilet and bed via stand-pivot require supervision for safety. The patient is considered homebound due to the significant physical effort required to leave his residence in a wheelchair and a Tinetti score of 5/28, indicating a high fall risk. He was instructed to wear his residual limb shrinker continuously (24 hours per day) and to engage in prone-lying for 30 minutes daily to maintain hip extension and minimize contracture development. The patient would benefit from social work involvement to secure transportation services, as well as a home health aide to assist with bathing until he becomes confident using the tub bench. Skilled home therapy, including occupational therapy, is recommended to improve strength, restore functional independence, and initiate preparatory training for future prosthetic use.</div><div> </div><div>Date of Order</div><div>12/05/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 11/24/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Essential Primary <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-Hypertension">Hypertension</mh></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>pre; color: rgb(51, 51, 51); font-size: 14px; white-space: normal;"></div><div>14px;"> </div><div>1 - SOC - PT Notes: soc</div><div>OT Eval Notes:</div><div>Physician</div><div>Hickson, Nicole</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHd Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/05/2025					
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.		
Nicole Hickson 1120 N Charles St Ste 400 Baltimore, MD 21201 PHONE: 4437393889 FAX: 18339750904 NPI: 1073157459			F2F date : 11/24/2025		
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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PT Careplans		PT Goals		
PT WK1: 1 (12/05/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26) 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 > 7 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 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 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/PCg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg. Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/PCg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/PCg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/PCg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/PCg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/PCg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.. Assess/Instruct Pt/PCg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. ; 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: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, A1250 - Lack of Necessary Transportation, D0700 - Social Isolation, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, constipation, limited endurance, limited strength, balance deficit PROCEDURES: Home exercise program : Supine hip flexion, bridging, straight leg raise, hip abduction. Side lying hip abduction. Prone hip extension. Standing right hip abduction and hip extension. Sitting left knee extension, ankle pumps , Prosthetic training/education , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, wound vacuum, gait training/stair training, transfers training, coordinate/arrange transportation services		PATIENT-STATED GOAL: Get a prosthesis and be able to walk GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 * lifestyle modifications * low-residue dietary guidelines * alternative medicine options for ulcerative colitis * 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 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 self-administers medications as prescribed * 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 * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's transportation needs are met caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 06. Independent Car Transfer - 06. Independent 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		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		12/05/2025		

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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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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			Picking Up Object - 04. Supervision or touching assistance			
OT Careplans OT WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation 12/11/2025: assist with bathing, assist with toilet transferring, assist with lower 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			OT Goals PATIENT-STATED GOAL: Get in the shower GOALS 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 Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Medication reviewed with patient			
MSW Careplans MSW WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25)			MSW Goals			
HHA Careplans HHA WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/27/25) ,WK5: 1 (12/28/25-01/03/26) ,WK6: 1 (01/04/26-01/10/26) ,WK7: 1 (01/11/26-01/17/26) ,WK8: 1 (01/18/26-01/24/26)			HHA Goals			
Signature of Physician:			Date			
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