Home Health Certification and Plan of Care

Order ID: 1150/14625

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7A04Q55TY78	12/04/2025	From: 12/04/2025 To: 02/01/2026	19878	217058

6. Patient's Name and Address

George Kraus
709 Grantwood Rd,
MIDDLE RIVER, MD 21220-
410-790-9309

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 08/17/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M86.172	Other acute osteomyelitis left ankle and foot	12/04/25

13. ICD	Other Pertinent Diagnoses	Date
C90.02	Multiple myeloma in relapse	12/04/25
D63.0	Anemia in neoplastic disease	12/04/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/04/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/04/25
N18.4	Chronic kidney disease stage 4 (severe)	12/04/25
D63.1	Anemia in chronic kidney disease	12/04/25
M54.2	Cervicalgia (M54.2)	12/04/25
E43.	Unspecified severe protein-calorie malnutrition	12/04/25
E78.1	Pure hyperglyceridemia	12/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/04/25
Z79.51	Long term (current) use of inhaled steroids	12/04/25
Z79.82	Long term (current) use of aspirin	12/04/25
Z79.2	Long term (current) use of antibiotics	12/04/25
Z89.412	Acquired absence of left great toe	12/04/25

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

Metronidazole - Metronidazole 500 MG Oral Tablet ,Take 1 tablet by mouth every 12 hours for Osteomyelitis for 36 Days
Fluticasone-Salmeterol 250-50 MCG/ACT Aerosol Powder1 puff inhale inhalant twice a day breath activated 1 puff inhale orally two times a day for COPD Rinse and expectorale
Mylanta Suspension 200-200-20 MG/SML (Alum &Mag Hydrodde-Simeth,take 30 ml by mouth every 4 hours as needed for dyspepsia SHAKE WELL. TAKE AFTER MEALS
Atorvastatin Calcium - Atorvastatin Calcium 20 MG Oral Tablet,Take 1 tablet by mouth at bedtime for HLD
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Table,take 1 tablet by mouth in the morning for GERD
Acetaminophen - Acetaminophen 500 MG Oral Tablet,Take 2 tablet by mouth every 8 hours for Pain for 30 Days Do not exceed more than 3 grams per day from all sources
Aspirin - Aspirin 81 Oral Tablet ,Take 1 Tablet by mouth twice a day for CAD/Osteomyelitis
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 Oral Tablet,Take 1 tablet by mouth once a day for Anemia
Oxycodone Hydrochloride - Oxycodone Hydrochloride take 15 mg Oral Tablet by mouth every 4 hours as needed Er for Pain Hold for sedation
Cyproheptadine Hydrochloride - Cyproheptadine Hydrochloride 4 MG Oral Tablet ,Take 1 tablet by mouth at bedtime
Gabapentin - Gabapentin Take 200mg oral capsule by mouth every 8 hours for pain management
Folic Acid - Folic Acid 1 MG Oral Tablet , Take 1 tablet by mouth once a day for Supplement
Albuterol Sulfate - Albuterol Sulfate 108 Ph (90 Base) 2 puff inhale intravenous every 6 hours as needed for SOB/Wheezing
Mirtazapine - Mirtazapine 7.5 MG Oral Tablet,Take 1 tablet by mouth at bedtime for Appetite/depression
Calcitriol - Calcitriol 0.25 MCG Oral Capsule, Take 1 capsule by mouth once a day for Hypocalcemia
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day for Supplement
Pyridoxine Hydrochloride - Pyridoxine Hydrochloride 50 MG Oral Tablet,take 1 tablet by mouth once a day for Vitamin B-6 deficiency
Lidocaine - Lidocaine 4% Edermal Patch topical once a day for Pain Remove per schedule and remove per schedule
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox (1000 UT 25 MCGOral Tablet, Take 3 tablet by mouth once a day for Vit D deficiency
Melatonin - Melatonin 5 MG Oral Tablet ,Take 1 tablet by mouth once a day as needed for insomnia
Methocarbamol - Methocarbamol 500 MG Oral Tablet,Take 1 tablet by mouth every 12 hours as needed for Muscle relaxer
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 take 17 gramPowder by mouth once a day for Bowel regimen Dissolve in 8oz of water; Hold med for loose bowel

14. DME and Supplies:
walker, cane

15. Safety Measures:
ambulates with device, walker precautions, , bathroom safety,

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rebecca Olaughlin
542 West MacPhail Rd
Bel Air, MD 21014
PHONE: 4106388900 FAX: 14106388916 NPI: 1225766835

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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Homebound status:
Due to diagnosis of Other Acute Osteomyelitis Left Ankle And Foot , 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 male with a complex past medical history significant for chronic kidney disease, chronic obstructive pulmonary disease, severe malnutrition, and multiple myeloma, who was recently hospitalized for left foot osteomyelitis resulting in a partial amputation of the left great toe, followed by discharge to a rehabilitation facility. The patient is currently alert and oriented to person, place, time, and situation and reports a pain level of 5/10 in the left lower extremity. He states that a Doppler ultrasound was performed during his rehabilitation stay with no abnormal findings in the left leg; he was advised to follow up with his primary care provider for further evaluation of ongoing pain. The patient is frail and weak, with noted pelvic deformity, left hamstring tightness, and a dysfunctional, unsteady gait. He requires assistance for transfers and ambulates with a rollator walker. He is hard of hearing, uses a vape cigarette, and currently receives sponge baths for hygiene. He sleeps on a cushion in his sister's basement and now resides with family members in a single-family home; prior to this illness, he lived alone in a trailer and was independent with basic self-care, functional transfers, and ambulation. On current assessment, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, resulting in significant decline in self-care performance, functional transfers, and mobility independence. The patient declined skilled nursing services but is agreeable to participation in physical and occupational therapy. Education was provided regarding fall prevention strategies and performance of prescribed home exercises. Based on his current impairments, medical complexity, and functional decline from baseline, skilled physical and occupational therapy services are recommended to address strength, balance, gait stability, transfer safety, and activity tolerance in order to promote recovery and maximize return to prior level of functional independence.
 Date of Order 12/04/2025 Orders Physician Face-to-Face Date: 10/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat hha-adl's due to Other Acute Osteomyelitis Left Ankle And Foot 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 OT Eval Notes: PT Eval Notes: Physician Olaughlin, Rebecca

SN Careplans

SN WK1: 1 (12/04/25-12/06/25)

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: 1. Non-agency caregiver(s) currently 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, heartburn/indigestion, muscle weakness, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review: Medication reviewed with patient/caregiver., cough/deep breathing 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, * low-fat diet lifestyle modifications to manage esophageal condition, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: to walk without assistive devices

GOALS
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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (12/04/25-12/06/25) ,WK2: 2 (12/07/25-12/13/25) ,WK3: 2 (12/14/25-12/20/25) ,WK4: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 exercises : Hamstring stretching, slr, le abd/add, long arc 10x2 reps ,

PT Goals

PATIENT-STATED GOAL: To walk outside with assistive device

GOALS
Chair to Bed to Chair - 06. Independent

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

Signature of Physician:

Date

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

Date
12/04/2025

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MEDICATION REVIEW`: The medication was reviewed with the patient , 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 - 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

* 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 - 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

OT Careplans

OT WK1: 1 (12/04/25-12/06/25)

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 and caregiver , equipment training, work simplification/energy conservation, assist with bathing, assist with toileting hygiene, 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 - 05. Setup or clean-up assistance, 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

OT Goals

PATIENT-STATED GOAL: Move back to my trailer.

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 - 05. Setup or clean-up assistance

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
12/04/2025