Home Health Certification and Plan of Care

Order ID: 1150/14996

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
76164347	08/12/2025	From: 12/09/2025 To: 02/06/2026	1170	217058

6. Patient's Name and Address
Frederick Fischer
7879 Oakdale Avenue,
Baltimore, MD 21237-
443-938-2599

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 03/03/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T87.89	Other complications of amputation stump	08/12/25

13. ICD	Other Pertinent Diagnoses	Date
T87.44	Infection of amputation stump left lower extremity	08/12/25
L03.115	Cellulitis of right lower limb	08/12/25
G54.6	Phantom limb syndrome with pain	08/12/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/12/25
I10.	Essential (primary) hypertension	08/12/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/12/25
E78.00	Pure hypercholesterolemia unspecified	08/12/25
K59.00	Constipation unspecified	08/12/25
F43.22	Adjustment disorder with anxiety	08/12/25
F32.A	Depression unspecified	08/12/25
Z89.612	Acquired absence of left leg above knee	08/12/25
Z79.2	Long term (current) use of antibiotics	08/12/25
Z79.4	Long term (current) use of insulin	08/12/25
Z79.82	Long term (current) use of aspirin	08/12/25
Z87.891	Personal history of nicotine dependence	08/12/25

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

Glucophage - Metformin Hydrochloride 1gm 1000mg, 1 tablet by mouth twice a day With meals
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg, 1 tablet by mouth once a day Each day
Tylenol - Acetaminophen 325mg, 2 tablets by mouth every 4 hours as needed for pain
Lipitor - Atorvastatin Calcium eq 40 mg base 40mg, 1 tablet by mouth in the morning
Aspirin 81Mg - Aspirin 81mg, 1 tablet by mouth once a day CAD, PAD
Lasix - Furosemide 40 mg 40MG; 1/2 TAB by mouth once a day each day in the morning
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17G; 1 PACKET by mouth once a day AS NEEDED FOR CONSTIPATION
Senna - Senna 8.6MG; 2 TABS inhalant in the evening AS NEEDED FOR CONSTIPATION
Dilaudid - Hydromorphone Hydrochloride 4 mg 4MG; 1 TAB by mouth every 6 hours AS NEEDED FOR PAIN
Humulin nph insulin kwikpen(Isophane) 100unit/ml(3ml) ,inject 10 units subcutaneous twice a day DM2
Cymbalta - Duloxetine Hydrochloride 60 mg 30mg,1 capsule by mouth once a day
Gabapentin - Gabapentin 300 mg take 2 capsules by mouth three times a day Neuropathic pain.

14. DME and Supplies:
wound care supplies, hand held shower, diabetic supplies, bath bench, wheelchair

15. Safety Measures:
fall precautions, diabetic precautions, standard precautions, wheelchair precautions, bathroom safety, anticoagulant precautions

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Amputation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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

Homebound status:
Due to diagnosis of Other complications of amputation stump, 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 being recertified due to an unhealed right leg wound. Although the wound is nearly healed, persistent edema places the patient at risk for reopening if healing is not fully achieved. Vital signs were within normal limits. +2 edema was noted in the right lower extremity. The left above-knee amputation (AKA) site is fully healed and left open to air (LOTA). Wound care to the right leg was performed. The patient utilizes a wheelchair for mobility. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/08/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/07/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease manangement pt-eval & treat ot-eval & treat hha-adl's dx: Other complications of amputation stump
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 4 - Recertification SN Notes: due to an unhealed right leg wound<o:p></o:p> Physician: Chambers, Jerome

SN Careplans

SN WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/08/26)

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

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

SN Goals

PATIENT-STATED GOAL: For wounds to heal

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jerome Chambers
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 14109337600 FAX: NPI: 1053978189

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 : 08/07/2025

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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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

PROCEDURES: Medication Review: Medication review done by the patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: RLE open wounds: Daily dressing change with alternating pre-dressing gauze soaks: Dakin's 1/4 strength solution and Acetic acid. Please pre-medicate the patient for pain prior to the dressing change 1) Carefully remove the old dressing, moistening with saline or Vaseline for removal as needed. Clean wounds gently with mild soap and water and a soft washcloth to remove exudate. Apply 5 min Gauze soak with 4x4 gauze: Acetic Acid ((Tu/Thurs/Sat), Dakin's 1/4 strength solution (MWE), remove gauze, soak and irrigate with NS flush, pat dry, and apply xeroform gauze. Apply dry dressing: 4x4 gauze, soft washcloth, Abd pad(s), kerlix wrap secured with tape. Left AKA: LOTA, glucose testing via monitor

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, * low cholesterol dietary guidelines, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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/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 manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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/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
* 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
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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	12/08/2025