

Home Health Certification and Plan of Care				Order ID: 1150/14998	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
01194436		12/15/2025		From: 12/15/2025 To: 02/12/2026	
				4. Medical Record No.	
				15736	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Paul Maki 2225 E Baltimore St, BALTIMORE, MD 21231- 443-278-5491			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
09/21/1948			Male		
11. ICD			Date		
I87.2			12/15/25		
Principal Diagnosis			Venous insufficiency (chronic) (peripheral)		
13. ICD			Date		
L97.212			12/15/25		
Other Pertinent Diagnoses			Non-pressure chronic ulcer of right calf w fat layer exposed		
I10.			12/15/25		
I70.0			12/15/25		
I82.469			12/15/25		
I82.402			12/15/25		
Essential (primary) hypertension			Atherosclerosis of aorta		
Acute embolism and thombos unsp calf muscular vein			Acute embolism and thombos unsp deep veins of l low extrem		
Hyperlipidemia unspecified			Calculus of kidney		
N20.0			12/15/25		
H40.89			12/15/25		
E66.9			12/15/25		
Z68.32			12/15/25		
Z89.432			12/15/25		
Z79.01			12/15/25		
Z86.0100			12/15/25		
Z86.711			12/15/25		
Z85.828			12/15/25		
Personal history of other malignant neoplasm of skin					
14. DME and Supplies:			15. Safety Measures:		
wound care supplies, walker			bleeding precautions, fall precautions, walker precautions, standard precautions, ambulates with assistance, ambulates with device		
16. Nutrition:			17. Allergies:		
low cholesterol, low sodium			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Walker, 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: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Venous insufficiency (chronic) (peripheral), 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 was admitted for start of care (SOC) to reengage in home health skilled nursing services for right lower leg wound care requiring routine treatment to promote healing and prevent infection. The patient has ambulatory difficulty, requires an assistive device for safety and fall prevention, and experiences taxing effort when leaving the home. Wound sizes have progressed due to a lapse in wound care, with a right lower leg wound measuring 2 3.9 cm and a total unstageable wound area of 8 14 cm. The left leg presents with an unstageable wound following prior debridement at a wound clinic, with associated skin peeling related to dressing moisture; compression wraps have been effective in managing moisture and swelling, and no lower extremity edema was noted. The patient is alert and oriented 3-4 and reports lower extremity pain rated at 3/10, increasing with walking and standing, partially relieved by Tylenol. The right lower posterior wound shows some improvement, with serosanguineous drainage, no odor, and surrounding skin peeling with minor bleeding; similar skin peeling and bleeding are noted on the left leg. The patient was instructed to follow up with KP wound care clinic and Roslind Joseph, RN, for further evaluation and recommendations. Wound care includes cleansing with cleanser, drying with gauze, Hydrofera Blue to the right leg wound, MediHoney as needed for slough, and bilateral UrgoK2 compression; the patient attended an appointment for left leg compression therapy pending Velcro wrap availability. Medications were reviewed with no changes noted, no abnormal bleeding or falls were reported, sleep has improved to five-hour intervals, bowel and bladder status are unremarkable, and the patient self-monitors blood pressure, heart rate, and temperature daily. Supplies have been received from Byram, consent was explained and signed, a follow-up appointment with Dr. Capasso is scheduled for 12/26/25, skilled nursing is ordered 1w5, and the next nurse visit is to be scheduled for 12/23.</o:p></o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">>12/15/2025<o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 11/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management dx: Venous insufficiency (chronic) (peripheral) 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></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Capasso, Justin</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 12/15/2025					
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.		
Justin Capasso 815 E Pratt Street Baltimore, MD 21202 PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331			F2F date : 11/03/2025		
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.		
Date of physician last face-to-face			PAGE 1 of 2		

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SN WK1: 1 (12/15/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)		PATIENT-STATED GOAL: to resolve wounds without interruptions		
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		GOALS patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area		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		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications		patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule		
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:Living Will		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		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, abnormal blood pressure, abn cholesterol > 200 mg/dL, limited endurance, Pain Interference with Therapy activities, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, red/tender pressure points, rough/scaly/cracked skin, discolored patches of skin, open sores/lesions, #1 - Other - Anterior Left Below Knee - , #2 - Other - Posterior Right Calf - , #3 - Other - Anterior Left Below Knee -		patient/caregiver recalls * low cholesterol dietary guidelines * recalls related medication(s) purpose, schedule		
PROCEDURES: Medication Review- : medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care: Cleanse with Cleanser dry with dry gauze. Patient attended appointment for Left leg wrap compression therapy until Velcro wrap available. Right leg hydrofera blue over open wound. May use Medi honey prn for slough build up urgoK2 compression bilateral. Dressings to be changed weekly., monitor intake & output, coordinate/arrange for adequate patient supervision		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		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence		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		
		patient is adequately supervised		
		caregiver performs medical/rehabilitation treatments with adequate competence		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/15/2025