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	4. Medical Record No.	5. Provider No.
36444355	11/14/2025	From: 11/14/2025 To: 01/12/2026	19255	217058

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

8. DOB 01/25/1961 **9.Sex** 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 kdny dis w hrt fail and stg 1-4/unsp chr kdny	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	Athscl 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

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

Albuterol - Albuterol 108 (90 Base) MCG/ACT, INHALE ONE PUFF inhalant every 4 hours Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution INHALE ONE PUFF BY MOUTH EVERY 4 HOURS AS NEEDED

Ozempic 0.25 mg or 0.5 mg/2mg/3mL 5 units subcutaneous once a week for elevated HgbA1C and blood sugar

Cialis - Tadalafil 5 mg 1 tablet by mouth once a day as needed for erectile dysfunction

Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG, 1 tablet by mouth every other day for low iron

Glipizide - Glipizide 10 mg 1 Tablet by mouth twice a day for blood sugar control

Losartan Potassium - Losartan Potassium 25 mg 1 tablet by mouth once a day for high blood pressure

Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10 MG, 1 tablet by mouth every 6 hours as needed for pain

Testosterone - Testosterone 0.25 MG/ACT (1.62%) Gel, APPLY TWO PUMPS TO AFFECTED AREA topical in the morning For treatment of prostate cancer

Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day a supplement

Jardiance - Empagliflozin 25 mg, 1 tablet by mouth once a day for blood sugar control

Nystatin Cream - Nystatin Cream 100,000 units, small amount topical as necessary for itching

Dulcolax - Bisacodyl 5 mg, 2 tablet by mouth every other day for constipation

Rosuvastatin Calcium - Rosuvastatin Calcium 10 mg 1 tablet by mouth once a day for my cholesterol

Pantoprazole - Pantoprazole Sodium 40 mg 1 tablet by mouth once a day for indigestion

Tylenol (Caplet) - Acetaminophen 650 mg 2 tablets by mouth every 6 hours as needed for mild pain or fever

Lyrica - Pregabalin 100 mg 1 tablet by mouth twice a day for pain

Furosemide - Furosemide 20 mg 1 tablet by mouth once a day for fluid control

14. DME and Supplies:

wound care supplies, diabetic supplies

15. Safety Measures:

medication safety, fall precautions, infectious material management, diabetic precautions, sharps precautions, standard precautions

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

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:

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.

22.B.Discharge Plans

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: 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.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/14/2025 <o:p></o:p> Order<o:p></o:p> 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<o:p></o:p>
 1 - SOC - SN Notes:<o:p></o:p> Physician: Rahnama, Mohammad

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mohammad Rahnama
9512 HARFORD ROAD
PARKVILLE, MD 21234
PHONE: 410-665-4400 FAX: 14106612420 NPI: 1952458739

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 : 11/04/2025

27. Attending Physician's Signature and Date Signed **12/09/2025**: 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.

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	4. Medical Record No.	5. Provider No.
36444355	11/14/2025	From: 11/14/2025 To: 01/12/2026	19255	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dewane Wilmoth 17502 Bunker Hill Road, PARKTON, MD 21120- 772-224-1961	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 - Observable 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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/14/2025