

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	
7A04Q55TY78		12/04/2025		From: 12/04/2025 To: 02/01/2026	
				4. Medical Record No.	
				19878	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
George Kraus				HomeCentris Healthcare LLC	
709 Grantwood Rd,				10 Crossroads Drive, Suite 102	
MIDDLE RIVER, MD 21220-				Owings Mills, MD 21117-8284	
410-790-9309				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/unspr 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 expectorate	
				Mylanta Suspension 200-200-20 MG/SML (Alum &Mag Hydroxide-Simethicone),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 Tablet,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 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: Dexpantenol: Folic Acid: Niacinamide: Pyridoxine 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: Dexpantenol: Folic Acid: Niacinamide: Pyridoxine (1000 UT 25 MCG)Oral 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:				15. Safety Measures:	
walker, cane				ambulates with device, walker precautions, , bathroom safety,	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				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:				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	
				family/caregiver will be responsible for managing treatment	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/04/2025					
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.	
Rebecca O'Laughlin				F2F date : 10/30/2025	
542 West MacPhail Rd					
Bel Air, MD 21014					
PHONE: 4106388900 FAX: 14106388916 NPI: 1225766835					
27. Attending Physician's Signature and Date Signed 12/11/2025 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.	
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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				
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 <div>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.</div><div></div><div> </div><div>12/04/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/30/2025</div><div>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</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></div><div> </div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div>Physician</div><div>Olaughlin, Rebecca</div></div>									
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 PAGE 2 of 3				
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
	PAGE 3 of 3
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