Home Health Certification and Plan of Care

Order ID: 1150/15189

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6EQ8CH8WE64	12/19/2025	From: 12/19/2025 To: 02/16/2026	13935	217058

6. Patient's Name and Address

Terry Ray
1818 RIDGE RD,
WHITEFORD, MD 21160-
443-752-0973

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 06/30/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I96.	Gangrene not elsewhere classified	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
S31.829D	Unspecified open wound of left buttock subsequent encounter	12/19/25
I73.9	Peripheral vascular disease unspecified	12/19/25
I10.	Essential (primary) hypertension	12/19/25
E78.2	Mixed hyperlipidemia	12/19/25
E53.8	Deficiency of other specified B group vitamins	12/19/25
M06.9	Rheumatoid arthritis unspecified	12/19/25
I34.1	Nonrheumatic mitral (valve) prolapse	12/19/25
E03.9	Hypothyroidism unspecified	12/19/25
G62.9	Polyneuropathy unspecified	12/19/25
D51.0	Vitamin B12 defic anemia due to intrinsic factor deficiency	12/19/25
Z45.2	Encounter for adjustment and management of VAD	12/19/25
Z79.2	Long term (current) use of antibiotics	12/19/25
Z79.01	Long term (current) use of anticoagulants	12/19/25
Z79.891	Long term (current) use of opiate analgesic	12/19/25
Z86.711	Personal history of pulmonary embolism	12/19/25
Z86.718	Personal history of other venous thrombosis and embolism	12/19/25
Z87.891	Personal history of nicotine dependence	12/19/25
Z89.421	Acquired absence of other right toe(s)	12/19/25
Z89.422	Acquired absence of other left toe(s)	12/19/25

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

Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth at bedtime
Take 1 tablet by mouth nightly.
Aspirin 81Mg - Aspirin 81 mg, Take 1 tablet by mouth once a day
Xarelto - Rivaroxaban 2.5 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily with meals.
Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2 mg SL Film\, Dissolve 4 films under the tongue sublingual once a day Dissolve 4 films under the tongue daily Med Mart treatment center in Riverside
Neurontin - Gabapentin 800 mg, Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times a day
Cozaar - Losartan Potassium 100 mg, Take 0.5 tablets by mouth once a day Take 0.5 tablets by mouth daily (Patient taking differently: Take 50 mg by mouth daily Reduce to 50mg daily due to near syncope)
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every 4 hours 1-2 tablets as needed for incision pain

14. DME and Supplies:

bath bench, walker, wound care supplies

15. Safety Measures:

standard precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

None of the above

19. Mental & Psychosocial 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: 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 Gangrene not elsewhere classified, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Apurva Desai
3400 Box Hill Corp Ctr Dr St 100-200
Abingdon, MD 21009
PHONE: 4436431500 FAX: 14436431505 NPI: 1346396348

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 : 12/12/2025

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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Clinical Condition Requiring Homecare:

The patient is a 65-year-old female with a past medical history significant for peripheral vascular disease, hypertension, hyperlipidemia, chronic pain, and other comorbidities. She presents with a left buttock wound consisting of two openings; the wound is cleansed daily with acetic acid, packed with Aquacel strips, and covered with a bordered foam dressing. Although the wound opening is nearly closed, there is undermining measuring approximately 8.5 cm. The patient was recently evaluated by her primary care provider and started on oral Keflex 500 mg every six hours for seven days. On assessment, the patient was alert and oriented 4, with clear lung sounds, active bowel sounds, and stable functional status, ambulating with a walker. She is managed on Suboxone for chronic pain. Wound care education was provided to the spouse, who serves as the primary caregiver, and additional support is available from the patient's daughter, an emergency room nurse who lives nearby and assists with wound care.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/19/2025<o:p></o:p> Physician Face-to-Face Date: 12/12/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management dx: Gangrene not elsewhere classified
 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: Desai, Apurva

SN Careplans

SN WK1: 1 (12/19/25-12/20/25) ,WK3: 2 (12/28/25-01/03/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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, meal preparation, M1400 - Dyspnea, abnormal blood pressure, Pain Interference with ADLs, balance deficit, open sores/lesions, #1 - Open Wound - Posterior Left Buttock - Upper opening., #2 - Open Wound - Posterior Left Buttock - lower opening

PROCEDURES: Medication Review: Medication reviewed with patient/caregiver., cough/deep breathing exercises, physician-ordered wound care: Cleanse left buttock wounds with acetic acid, pack with Aquacel dressing, and cover with a bordered foam dressing. Change dressing daily or PRN.

TEACH PATIENT/CAREGIVER: * 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, * 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 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 inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: For wound to heal

GOALS
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 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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/19/2025