Home Health Certification and Plan of Care

Order ID: 1150/15235

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83334626	01/03/2026	From: 01/03/2026 To: 03/03/2026	21077	217058

6. Patient's Name and Address
Gardner Chamness
319 South Calvin ST,
BALTIMORE, MD 21223-
410-240-4795

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 01/08/1976 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	01/03/26

13. ICD	Other Pertinent Diagnoses	Date
I87.2	Venous insufficiency (chronic) (peripheral)	01/03/26
L97.811	Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	01/03/26
E11.9	Type 2 diabetes mellitus without complications	01/03/26
I10.	Essential (primary) hypertension	01/03/26
E78.2	Mixed hyperlipidemia	01/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/03/26
E66.01	Morbid (severe) obesity due to excess calories	01/03/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	01/03/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/03/26
Z79.2	Long term (current) use of antibiotics	01/03/26

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

Lipitor - Atorvastatin Calcium 20 mg, oral tablet by mouth at bedtime 20 mg, nightly
Wellbutrin Sr - Bupropion Hydrochloride 150 mg oral tablet by mouth twice a day 150 mg, 2 times daily
Zestril - Lisinopril 40 mg oral tablet by mouth once a day 40 mg, 1 time daily
Glucophage - Metformin Hydrochloride 500 mg oral tablet by mouth twice a day 500 mg, 2 times daily with meals
Ibuprofen - Ibuprofen 200 mg tablet, Take 400 mg by mouth every 6 hours 200 mg tablet
Take 400 mg by mouth every 6 hours as needed for Pain
amoxicillin-clavulanate 875-125 MG tablet Take 1 tablet by mouth twice a day 875-125 MG tablet
Take 1 tablet by mouth 2 times daily for 14 days
Linezolid - Linezolid 600 MG tablet,Take 1 tablet by mouth every 12 hours 600 MG tablet
Take 1 tablet by mouth every 12 hours for 14 days

14. DME and Supplies:
wound care supplies

15. Safety Measures:
remove environmental barriers, , infectious material management, , emergency phone # clearly displayed, diabetic precautions, bathroom safety, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
nicotine

18.A. Functional Limitations
Endurance

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: 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 Cellulitis Of Right Lower Limb, 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 is temporarily residing with his ex-wife while recovering from right lower extremity blister sites following hospitalization for right lower extremity cellulitis. He was referred for skilled home health services status post hospitalization to support wound management and ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. His past medical history is significant for hypertension, diabetes mellitus, tobacco dependence, and obesity. The patient does not routinely monitor his blood glucose levels. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient's primary skilled need is management of the right lower extremity wounds. Prescribed wound care includes cleansing the blister sites with normal saline solution, applying silver gel, covering with Aquacel and an abdominal pad, and securing the dressing with Kerlix and an Ace wrap. The ex-wife was present during the visit and observed the wound care, providing an opportunity for caregiver education. Education was initiated regarding proper wound care technique, the importance of keeping the dressing clean and intact, signs and symptoms of infection to report, and the impact of diabetes and tobacco use on wound healing. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> for wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and treatment, monitoring for signs of infection or delayed healing, reinforcement of education, and coordination of care to promote safe recovery and prevent rehospitalization.
 Date of Order 01/03/2026 Orders Physician Face-to-Face Date: 01/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Cellulitis Of Right Lower Limb Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc
 Physician Hix, Kenetra

SN Careplans

SN WK1: 1 (01/03/26-01/03/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 2 (01/18/26-01/24/26) ,WK5: 2 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26) ,WK8: 1 (02/15/26-02/21/26)

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

SN Goals

PATIENT-STATED GOAL: Heal blister sites

GOALS
patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Kenetra Hix
3510 Brenbrook Dr
Randallstown, 0 21133
PHONE: 4107375000 FAX: 899290091 NPI: 1972917979

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 : 01/02/2026

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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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: M1720 - Anxiety, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, weak pulses in feet, swelling in the arms/legs, dependent edema, abnormal BS < 70/140 > mg/dL, swelling of affected area, limited range of motion, Pain Interference with ADLs, obesity, open sores/lesions, #1 - Blister - Other - Upper aspect right shin - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, #2 - Blister - Other - Right shin middle aspect - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, #3 - Blister - Other - Right posterior distal leg - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, #4 - Blister - Other - Right proximal posterior lower leg - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap

PROCEDURES: physician-ordered wound care: #4 - Blister - Other - Right proximal posterior lower leg - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, physician-ordered wound care: #3 - Blister - Other - Right posterior distal leg - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, physician-ordered wound care: #2 - Blister - Other - Right shin middle aspect - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, physician-ordered wound care: #1 - Blister - Other - Upper aspect right shin - Cleanse with nss apply silver gel covered by aquacel then abd secured by kerlix and ace wrap, Medication Review- : Medications reviewed with patient/caregiver. , apply compression bandage, physician-ordered wound care: Wound care to right leg wounds: Cleanse wound bed with saline. Apply a thin layer of silver gel, followed by hydrofiber(Aquacel), optiloc/abd pads. Secure with Kerlix and ace bandages. Start wrapping leg from the base of the toes and finish 2 fingers below the knee. Change dressing every other day., glucose testing via monitor, coordinate/arrange for maintenance of clean/uncluttered living area

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 medicatio, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 relaxatio, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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) purp, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

* recalls related medication(s) purpose, schedule

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

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 keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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) purp

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 medicatio

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 relaxatio

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 m

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

patient's living environment is clean/uncluttered

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/03/2026