Home Health Certification and Plan of Care

Order ID: 1150/15891

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41204346300	12/05/2025	From: 02/03/2026 To: 04/03/2026	19935	217058

6. Patient's Name and Address
Eugene Nickels
603 S Ann St Apt 603,
BALTIMORE, MD 21231-
410-671-8347

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 10/29/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	12/05/25

13. ICD	Other Pertinent Diagnoses	Date
E78.00	Pure hypercholesterolemia unspecified	12/05/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/05/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/05/25
K59.00	Constipation unspecified	12/05/25
M19.90	Unspecified osteoarthritis unspecified site	12/05/25
Z79.82	Long term (current) use of aspirin	12/05/25
Z89.511	Acquired absence of right leg below knee	12/05/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/05/25

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

Amlodipine - Amlodipine Besylate 2.5 mg tablet,Take 1 tablet by mouth once a day Internal Note: for htn
Aspirin - Aspirin 81 mg tablet,Take 1 tablet by mouth once a day Internal Note: anticoagulent
Atorvastatin - Atorvastatin Calcium 10 mg tablet,Take 1 tablet by mouth once a day Internal Note: for hyperlipidemia
Senna - Senna 8.6 mg capsule,Take 2 capsule by mouth once a day Internal Note: constipation

14. DME and Supplies:
grab bars, commode, rolling walker, hospital bed, 4 wheeled walker, bath bench, Transfer board

15. Safety Measures:
remove environmental barriers, , , , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Ambulation, Endurance, Amputation

18.B. Activities Permitted
Wheelchair, Walker, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: NA, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Essential Hypertension, 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 a 73-year-old male with a medical history significant for peripheral vascular disease, hypertension, and cerebrovascular accident, who was hospitalized on May 25 for a right above-knee amputation. He resides alone in an elevator-accessible senior apartment building and currently receives Meals on Wheels services, though he reports a need for additional transportation support. He is followed by an in-home physician and has not yet been fitted for a prosthesis. Prior to hospitalization, the patient was independent with basic self-care, functional transfers, and mobility tasks. At present, he demonstrates decreased standing balance, reduced activity and standing tolerance, and diminished bilateral upper-extremity strength, contributing to decreased independence in self-care, transfers, and functional mobility. He performs bed mobility independently and is able to transfer from wheelchair to bed using a transfer board without assistance; transfers to the toilet and bed via stand-pivot require supervision for safety. The patient is considered homebound due to the significant physical effort required to leave his residence in a wheelchair and a Tinetti score of 5/28, indicating a high fall risk. He was instructed to wear his residual limb shrinker continuously (24 hours per day) and to engage in prone-lying for 30 minutes daily to maintain hip extension and minimize contracture development. The patient would benefit from social work involvement to secure transportation services, as well as a home health aide to assist with bathing until he becomes confident using the tub bench. Skilled home therapy, including occupational therapy, is recommended to improve strength, restore functional independence, and initiate preparatory training for future prosthetic use.
 Date of Order 01/29/2026 Orders Physician Face-to-Face Date: 11/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Essential Primary Hypertension Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient needs additional therapy for gait training and prosthesis procurement.
 Physician Hickson, Nicole

SN Careplans

SN Goals

PT Careplans

PT WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: WNL

PT Goals

PATIENT-STATED GOAL: Get a prosthesis and be able to walk

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 443-739-3889 FAX: 18339750904 NPI: 1073157459

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 : 11/24/2025

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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HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: limited strength, limited endurance, balance deficit

PROCEDURES: Home exercise program : Supine hip flexion, bridging, straight leg raise, hip abduction. Side lying hip abduction. Prone hip extension. Standing right hip abduction and hip extension. Sitting left knee extension, ankle pumps , cough/deep breathing exercises, physician-ordered wound care, wound vacuum, transfers training

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Picking Up Object - 04. Supervision or touching assistance

* 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
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

caregiver performs medical/rehabilitation treatments with adequate competence

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

patient self-administers medications as prescribed
* 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

Sit to Stand - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/29/2026