Home Health Certification and Plan of Care

Order ID: 1150/15968

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11267182850	02/01/2026	From: 02/01/2026 To: 04/01/2026	22153	217058

6. Patient's Name and Address

John Booth
635 Alston Pl,
SEVERNA PARK, MD 21146-
410-544-7753

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 05/03/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	02/01/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/01/26
I70.292	Oth athscl native arteries of extremities left leg	02/01/26
I65.22	Occlusion and stenosis of left carotid artery	02/01/26
I11.0	Hypertensive heart disease with heart failure	02/01/26
I50.9	Heart failure unspecified	02/01/26
I70.0	Atherosclerosis of aorta	02/01/26
E78.5	Hyperlipidemia unspecified	02/01/26
D64.9	Anemia unspecified	02/01/26
K59.00	Constipation unspecified	02/01/26
F43.21	Adjustment disorder with depressed mood	02/01/26
M54.16	Radiculopathy lumbar region	02/01/26
G89.29	Other chronic pain	02/01/26
E66.9	Obesity unspecified	02/01/26
Z85.828	Personal history of other malignant neoplasm of skin	02/01/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/01/26
Z79.82	Long term (current) use of aspirin	02/01/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/01/26
Z87.891	Personal history of nicotine dependence	02/01/26

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

Acetaminophen - Acetaminophen 325 mg / 2 Tablet by mouth every 4 hours as needed for Mild Pain PAIN SCALE 1-5, DO NOT EXCEED 3 GRAMS IN 24 HOURS
Aspirin 81Mg - Aspirin 81mg; 1 tab by mouth once a day for Severe RLE PAD with S/P Revascularization
Atenolol - Atenolol 25 mg/ 1 Tablet by mouth once a day for HTN
Atorvastatin - Atorvastatin Calcium 80mg / 1 Tablet by mouth at bedtime for HLD
Bupropion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 mg / 1 Tablet by mouth twice a day for Depression
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day for supplementation
Gabapentin - Gabapentin 300 mg/ 1 Capsule by mouth three times a day for Neuropathy
Glipizide - Glipizide 5 mg5 mg/ 1 Tablet by mouth twice a day for DM
Lisinopril - Lisinopril 5 mg/ 1 Tablet by mouth once a day Give 5 tablet by mouth one time a day for HTN
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg / 1 tablet by mouth every 4 hours Give 2 tablet by mouth every 4 hours as needed for Moderate to severe Pain PAIN SCALE 6-10
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm/packet by mouth once a day Give 1 packet by mouth every 24 hours as needed for Constipation hold for
lose stool
Senna - Senna 8.6 mg / 1 Tablet by mouth once a day Give 2 tablet by mouth one time a day for Bowel Regimen hold for
lose stool

14. DME and Supplies:

reacher, wound care supplies, walker

15. Safety Measures:

infectious material management, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, anticoagulant precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

jardiance metformin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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 Encounter for surgical aftercare following surgery on the circulatory system, 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 64-year-old male recently admitted for severe peripheral arterial disease with acute on chronic critical limb ischemia of the right lower extremity, status post right axillary-profunda and profunda-distal bypass on 1/9/26. He presents with ischemic changes to the right hallux without osteomyelitis, arterial ulcers of the right great toe and fourth toe treated with betadine, and five closed right leg incisions with staples open to air, with mild edema and slight redness noted to the right shin incision without active drainage. Past medical history includes pain, congestive heart failure, hypertension, obesity, lumbar radiculopathy, type 2 diabetes (not monitoring blood glucose at home), peripheral arterial disease, anemia, constipation, smoking cessation history, and left arm squamous cell carcinoma. The patient is alert and oriented, reports right lower extremity pain at 2/10 controlled with oxycodone and gabapentin, denies shortness of breath, and reports good appetite and normal bowel movement. He ambulates with a rollator and is awaiting a rolling walker; gait is unsteady with decreased endurance, strength, balance, and functional mobility, placing him at increased risk for falls and requiring assistance for safe ambulation, transfers, and stair negotiation. He resides in a split-level home with his spouse providing assistance with all ADLs and IADLs, currently sleeping in the basement due to mobility limitations. Skilled nursing provided medication review, education on bleeding precautions, wound and skin care, and signs of infection, while physical therapy identified deficits in strength, mobility, balance, and safety awareness, provided gait and transfer training, completed standardized gait assessments, initiated a walking program, and established a home PT plan of care to reduce fall risk and restore functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/01/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/14/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Encounter for surgical aftercare following surgery on the circulatory system
 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> PT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Chung, Sharon

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharon Chung
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045

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 : 01/14/2026

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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SN Careplans

SN WK1: 1 (02/01/26-02/07/26)

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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: , D0160 - Depression, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, swelling in the arms/legs, limited strength, limited endurance, swelling of affected area, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, #11 - Observable Surgical Wound - Other - Right lateral shin - Staples, Open to air, #10 - Observable Surgical Wound - Other - Right Medial Inner Shin - Staples, Open to air, #9 - Observable Surgical Wound - Other - Right Inner Calf, Proximal - Staples, Open to air., #8 - Observable Surgical Wound - Other - Right Medial Thigh Distal - Staples, Open to air., #7 - Observable Surgical Wound - Other - Right Medial thigh - Staples, Open to air, #6 - Observable Surgical Wound - Other - Right proximal inner thigh - Staples, Open to air, #5 - Observable Surgical Wound - Other - Right anterior thigh - Staples, Open to air, #4 - Observable Surgical Wound - Other - Right lateral abdomen - Staples, open to air, #3 - Non-Observable Surgical Wound - Other - Right Abdomen - covered by non removable dressing., #2 - Other - Other - RIGHT 4TH TOE - , #1 - Other - Other - RIGHT GREAT TOE - NECROTIC, rough/scaly/cracked skin

PROCEDURES: physician-ordered wound care: #4 - Observable Surgical Wound - Other - Right lateral abdomen - Staples, open to air, physician-ordered wound care: #3 - Other - Other - RIGHT LEG - FIVE RIGHT LEG INCISION WITH STAPLES; OPEN TO AIRPROXIMAL TO DISTAL MEASURES 10.0 CM; 8.0 CM; 9.0 CM; 9.0 CM AND 11.5 CM IN LENGTH: OPEN TO AIR, physician-ordered wound care: #2 - Other - Other - RIGHT 4TH TOE -: APPLY BETADINE DAILY, physician-ordered wound care: #1 - Other - Other - RIGHT GREAT TOE - NECROTIC, physician-ordered wound care: #3 - Non-Observable Surgical Wound - Other - Right Abdomen - covered by non removable dressing., physician-ordered wound care: #5 - Observable Surgical Wound - Other - Right anterior thigh - Staples, Open to air, physician-ordered wound care: #6 - Observable Surgical Wound - Other - Right proximal inner thigh - Staples, Open to air, physician-ordered wound care: #7 - Observable Surgical Wound - Other - Right Medial thigh - Staples, Open to air, physician-ordered wound care: #8 - Observable Surgical Wound - Other - Right Medial Thigh Distal - Staples, Open to air., physician-ordered wound care: #9 - Observable Surgical Wound - Other - Right Inner Calf, Proximal - Staples, Open to air., physician-ordered wound care: #10 - Observable Surgical Wound - Other - Right Medial Inner Shin - Staples, Open to air, physician-ordered wound care: #11 - Observable Surgical Wound - Other - Right lateral shin - Staples, Open to air, cough/deep breathing exercises, incentive spirometer

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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: I WANT THE PAIN IN LEG TO GET BETTER

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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
* 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 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

PT Careplans

PT WK1: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

PT Goals

PATIENT-STATED GOAL: I want to be able to walk around my neighborhoods

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/01/2026

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touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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