# Home Health Certification and Plan of Care

**Order ID: 1150/16275**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 4NJ0C26XN36 | 12/18/2025 | From: 02/16/2026 To: 04/16/2026 | 20581 | 217058 |

**6. Patient's Name and Address**

Anthony Cook
22 Richmar Rd Apt J1,
OWINGS MILLS, MD 21117-
443-422-0637

**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** 06/16/1989 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| E11.621 | Type 2 diabetes mellitus with foot ulcer | 12/18/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| J96.01 | Acute respiratory failure with hypoxia | 12/18/25 |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 12/18/25 |
| I11.0 | Hypertensive heart disease with heart failure | 12/18/25 |
| I50.84 | End stage heart failure | 12/18/25 |
| I50.43 | Acute on chronic combined systolic and diastolic hrt fail | 12/18/25 |
| S91.105D | Unsp opn wnd left lesser toe(s) w/o damage to nail subs | 12/18/25 |
| I42.9 | Cardiomyopathy unspecified | 12/18/25 |
| E78.5 | Hyperlipidemia unspecified | 12/18/25 |
| D50.9 | Iron deficiency anemia unspecified | 12/18/25 |
| M54.16 | Radiculopathy lumbar region | 12/18/25 |
| G89.29 | Other chronic pain | 12/18/25 |
| F17.210 | Nicotine dependence cigarettes uncomplicated | 12/18/25 |
| E66.01 | Morbid (severe) obesity due to excess calories | 12/18/25 |
| Z68.42 | Body mass index [BMI] 45.0-49.9 adult | 12/18/25 |
| Z79.82 | Long term (current) use of aspirin | 12/18/25 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 12/18/25 |
| Z79.891 | Long term (current) use of opiate analgesic | 12/18/25 |
| L97.529 | Non-pressure chronic ulcer oth prt left foot w unsp severity | 12/18/25 |
| E11.52 | Type 2 diabetes w diabetic peripheral angiopathy w gangrene | 12/18/25 |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy unsp | 12/18/25 |
| F12.10 | Cannabis abuse uncomplicated | 12/18/25 |
| F14.90 | Cocaine use unspecified uncomplicated | 12/18/25 |
| E66.813 | Other obesity | 12/18/25 |
| Z68.41 | Body mass index [BMI] 40.0-44.9 adult | 12/18/25 |
| Z87.891 | Personal history of nicotine dependence | 12/18/25 |

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

Furosemide - Furosemide 80mg oral tablet,Take 1 tablet by mouth twice a day for chf
Carvedilol - Carvedilol 6.25mg oral tablet,Take 1 tablet by mouth twice a day for HTN hold for sbp less than 110 and hr less than 60
Glucagon - Glucagon Hydrochloride inject 1 ml intravenous as necessary intramuscularly as needed fr hypoglycemia less than 60 and unconscious or unresponsive and call md
Gabapentin - Gabapentin 600mg oral tablet,Take 1 tablet by mouth every 8 hours as needed for neuropathic pain
Atorvastatin - Atorvastatin Calcium 20 mg tablet,Take 1 tablet by mouth at bedtime for high cholesterol
eplerenore 25mg oral tablet,Take 1 tablet by mouth once a day for CHF/HTN
enalaprill 10mg oral tablet ,Take 1 tablet by mouth once a day for hypertension hold is bp is lower than 110/60
Oxycodone Hydrochloride - Oxycodone Hydrochloride 15 mg 05 mg orla tablet,Take 2 tablet by mouth every 4 hours as needed for pain
Mounjaro 4x2.5mg/0.5ml 1 syringe subcutaneous once a week Inject one prefilled pen once a week on Thursdays for diabetes.
Aspirin 81Mg - Aspirin 1 tab by mouth once a day Take 1 tab 81 mg once daily for cardiac health

**14. DME and Supplies:**

wheelchair, wound care supplies, cane

**15. Safety Measures:**

diabetic precautions, , bathroom safety, ambulates with assistance, ambulates with device

**16. Nutrition:**

low sodium, diabetic,

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Dyspnea With Minimal Exertion, Endurance, Ambulation

**18.B. Activities Permitted**

Wheelchair, Cane, Exercises Prescribed

**19. Mental & Pyschosocial Status:** COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**

SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Type 2 Diabetes Mellitus With Foot Ulcer, 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 36-year-old male with a significant past medical history including cerebral palsy, type 2 diabetes mellitus, acute respiratory failure, hyperlipidemia, cardiomegaly, morbid obesity, and multiple additional comorbidities. He was admitted to home health services for skilled wound care of a diabetic ulcer on the left great toe and for physical and occupational therapy to address impaired mobility and self-care deficits. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented 4 and reported severe pain (10/10) at the left great toe wound, while denying shortness of breath or chest pain. He resides with his mother in a third-floor apartment and reports significant difficulty with stair negotiation, requiring seated descent and step-by-step ascent. Although the patient reports independence with bathing, his mother indicates he requires assistance. Wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed necrotic tissue centrally with light pink to beefy red tissue at the edges, discoloration of surrounding toes, and +2 to +3 edema of the left foot; pulses were faint but palpable with delayed capillary refill. The right lower extremity showed trace to +1 edema with intact skin. The wound was measured, photographed, and redressed using a wet-to-dry technique due to limited supplies; additional wound care supplies were ordered, and the patient and caregiver were encouraged to request a podiatry referral. Physical therapy evaluation noted decreased bilateral lower extremity strength (3-/5 MMT), need for contact guard assistance with transfers and short-distance ambulation, and altered gait with weight bearing limited to the left heel due to wounds. Occupational therapy evaluation identified recent prolonged hospitalization and rehabilitation stay, current wheelchair use, need for adaptive equipment for bathing,

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 02/13/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

David Roggen
4000 Old Court Rd
Pikesville, MD 21208
PHONE: 4106530000 FAX: 14106535531 NPI: 1992713622

**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 : 12/15/2025

**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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and safety concerns with ADLs; education was provided to the patient and mother, and continued skilled OT was recommended to improve independence, safety, and functional performance. <br> Date of Order 02/13/2026 Orders Physician Face-to-Face Date: 12/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 Diabetes Mellitus With Foot Ulcer Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: Patient is being recertified due to patient gets out of breath with minimal movement. Plan is to assist and educate on wound care, Diabetes Mellitus, Congestive Heart Failure.  <br> Physician Roggen, David

## SN Careplans

SN WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26) ,WK8: 1 (04/05/26-04/11/26)

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 > 7

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: abnormal blood pressure, swelling in legs/around eyes, lung sounds not clear, abnormal BS < 70/140 > mg/dL

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Left Greater Toe -, Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left great to wound, Wrap toe with fluffed moistened Dakins gauze, ABD pad, and wrap with kerlix gauze. Change Daily., glucose testing via monitor

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's enviroment has adequate stairs railings, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: "I want my toe to heal and this pain to go away!"

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient's enviroment has adequate stairs railings

patient's living environment is clean/uncluttered

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

## PT Goals

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 02/13/2026 |

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PT WK1: 1 (02/16/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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

02/17/2026: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, therapeutic exercises, 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 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, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 1 - Step (curb) - 06. Independent, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Medication Review

PATIENT-STATED GOAL: To be able to walk without pain

GOALS
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

Medication Review

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

1 - Step (curb) - 06. Independent

Walk 50 ft with 2 Turns - 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

Car Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:

Date



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

Date
02/13/2026