Home Health Certification and Plan of Care

Order ID: 1150/16286

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27295033	02/11/2026	From: 02/11/2026 To: 04/11/2026	16443	217058

6. Patient's Name and Address

John Guidera
86 E Padonia Road Apt 302,
LUTHERVILLE TIMONIUM, MD 21093-
443-322-6687

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 01/29/1955 **9.Sex** Male

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

Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base 1 tablet by mouth twice a day for infection for 10 days ending on 09/22/2025

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	02/11/26

13. ICD	Other Pertinent Diagnoses	Date
I87.2	Venous insufficiency (chronic) (peripheral)	02/11/26
L97.811	Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	02/11/26
I89.0	Lymphedema not elsewhere classified	02/11/26
F10.10	Alcohol abuse uncomplicated	02/11/26
Z91.81	History of falling	02/11/26

14. DME and Supplies:

wound care supplies

15. Safety Measures:

smoke detectors , , , ambulates with device, ambulates with assistance, transfer with assist, , hand rails, bathroom safety, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

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: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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 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 a 71-year-old male recently discharged from the hospital following treatment for right lower extremity cellulitis and evaluation after a fall. His past medical history is significant for chronic lymphedema, chronic venous stasis, hyperlipidemia, prediabetes, and alcohol abuse. He initially presented with right leg pain and increased drainage/weeping from the affected extremity and reported delaying medical attention due to fear of possible amputation. He denied fever, trauma to the leg, loss of consciousness, or head injury associated with the reported fall. The patient admits to daily bourbon consumption but is unwilling to quantify intake. He lives alone in a third-floor apartment requiring daily stair negotiation and does not utilize an assistive device for ambulation. He has no known drug allergies, follows a regular diet, and is designated as full code. All prescribed medications are present in the home; however, he reports currently taking antibiotics for MRSA coverage and no other medications at this time. Vascular studies revealed ankle-brachial indices within normal limits bilaterally; however, monomorphic right dorsalis pedis waveforms were noted, consistent with hemodynamically significant upstream stenosis. The primary clinical issue remains dermatologic, consisting of right lower extremity venous stasis ulcerations with associated cellulitis and active drainage. The patient has a limited supply of wound care materials in the home. Current wound care orders include cleansing with normal saline solution, application of wound gel and an ABD pad, and wrapping with stretch bandage, with daily dressing changes. Remaining areas of the lower extremities are to be cleansed with soap and water, followed by application of moisturizing cream to dry skin daily. The patient was instructed to elevate the affected leg on pillows as tolerated to assist with edema management and was encouraged to contact Kaiser to confirm delivery of additional wound care supplies. Education was provided regarding proper wound care technique, strict adherence to antibiotic therapy, monitoring for signs and symptoms of worsening infection, fall prevention strategies, and the potential negative impact of alcohol use on wound healing and overall health. On physical and occupational therapy evaluation, the patient was alert and oriented 3, pleasant, and cooperative, with stable vital signs. He demonstrates independence with bed mobility, sit-to-stand transfers, toilet transfers, and household ambulation without an assistive device. Gait pattern is steady with adequate bilateral step length and foot clearance, and no observable balance deficits on level surfaces within the home. He reports no additional recent falls beyond the previously noted incident. Muscle strength is 5/5 in bilateral upper extremities and grossly within functional limits in bilateral lower extremities. The patient is independent with upper body dressing and toileting and performs bathing at sink side due to the right lower extremity wound. At this time, there are no musculoskeletal or neuromotor impairments limiting functional mobility or activities of daily living. Skilled physical and occupational therapy services are not medically necessary at this time. The primary need remains skilled nursing services for ongoing wound care management, infection monitoring, edema control, and reinforcement of education. Therapy services will re-evaluate if functional decline occurs secondary to infection progression, pain, deconditioning, or recurrent falls.
 Date of Order 02/11/2026 Orders Physician Face-to-Face Date: 02/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat 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 PT Eval Notes: OT Eval Notes:
 Physician Watts, Charlotte

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 02/04/2026

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 WK1: 1 (02/11/26-02/14/26) ,WK2: 2 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 2 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26) ,WK9: 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 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months)

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: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, limited endurance, limited strength, swelling of affected area, muscle weakness, Pain Interference with ADLs, balance deficit, Pain Effect on Sleep, swell/redness surround. skin, open sores/lesions, red/tender pressure points, bleeding/discharge at site, rough/scaly/cracked skin, #1 - Other - Other - Right leg - RLE Cellulitis / Venous insufficiency The wound is the entire right lower leg covered in papillomatosis from chronic lymphedema.

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Right leg - RLE Cellulitis / Venous insufficiency The wound is the entire right lower leg covered in papillomatosis from chronic lymphedema., physician-ordered wound care: #1 - Other - Other - Right leg - RLE Cellulitis / Venous insufficiency The wound is the entire right lower leg covered in papillomatosis from chronic lymphedema.: Wound Care Orders: Cleanse open/pen areas with normal saline (NSS). Apply wound gel to wound bed. Cover with ABD pad. Secure with stretch wrap. Change dressing daily. Skin Care Orders: Cleanse remaining intact skin with soap and water daily. Apply moisturizer cream to dry skin daily. Additional Instructions: Encourage patient to elevate right lower extremity on pillow as tolerated to reduce edema., cough/deep breathing exercises, apply anti-embolitic stockings, apply compression bandage, teach/coordinate/arrange medication packaging and/or administration

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PATIENT-STATED GOAL: Patient states he wants to have his right leg swelling and wounds get better so he can wear shorts when it gets warmer out and not have to worry about wrapping his leg all the time.

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

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
* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
02/11/2026

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PT WK1: 1 (02/11/26-02/14/26)

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: equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: Remain at home safely

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 6 (02/11/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: , M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Eval only

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/11/2026