Home Health Certification and Plan of Care

Order ID: 1150/15953

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7A04Q55TY78	12/04/2025	From: 02/02/2026 To: 04/02/2026	19878	217058

6. Patient's Name and Address

George Kraus
709 Grantwood Rd,
MIDDLE RIVER, MD 21220-
410-790-9309

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 08/17/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M86.172	Other acute osteomyelitis left ankle and foot	12/04/25

13. ICD	Other Pertinent Diagnoses	Date
C90.02	Multiple myeloma in relapse	12/04/25
D63.0	Anemia in neoplastic disease	12/04/25
J44.9	Chronic obstructive pulmonary disease unspecified	12/04/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/04/25
N18.4	Chronic kidney disease stage 4 (severe)	12/04/25
D63.1	Anemia in chronic kidney disease	12/04/25
M54.2	Cervicalgia (M54.2)	12/04/25
E43.	Unspecified severe protein-calorie malnutrition	12/04/25
E78.1	Pure hyperglyceridemia	12/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/04/25
Z79.51	Long term (current) use of inhaled steroids	12/04/25
Z79.82	Long term (current) use of aspirin	12/04/25
Z79.2	Long term (current) use of antibiotics	12/04/25
Z89.412	Acquired absence of left great toe	12/04/25

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

Metronidazole - Metronidazole 500 MG Oral Tablet ,Take 1 tablet by mouth every 12 hours for Osteomyelitis for 36 Days
Fluticasone-Salmeterol 250-50 MCG/ACT Aerosol Powder1 puff inhale inhalant twice a day breath activated 1 puff inhale orally two times a day for COPD Rinse and expectorale
Mylanta Suspension 200-200-20 MG/SML (Alum &Mag Hydrodde-Simeth,take 30 ml by mouth every 4 hours as needed for dyspepsia SHAKE WELL. TAKE AFTER MEALS
Atorvastatin Calcium - Atorvastatin Calcium 20 MG Oral Tablet,Take 1 tablet by mouth at bedtime for HLD
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Oral Table,take 1 tablet by mouth in the morning for GERD
Acetaminophen - Acetaminophen 500 MG Oral Tablet,Take 2 tablet by mouth every 8 hours for Pain for 30 Days Do not exceed more than 3 grams per day from all sources
Aspirin - Aspirin 81 Oral Tablet ,Take 1 Tablet by mouth twice a day for CAD/Osteomyelitis
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 Oral Tablet,Take 1 tablet by mouth once a day for Anemia
Oxycodone Hydrochloride - Oxycodone Hydrochloride take 15 mg Oral Tablet by mouth every 4 hours as needed Er for Pain Hold for sedation
Cyproheptadine Hydrochloride - Cyproheptadine Hydrochloride 4 MG Oral Tablet ,Take 1 tablet by mouth at bedtime
Gabapentin - Gabapentin Take 200mg oral capsule by mouth every 8 hours for pain management
Folic Acid - Folic Acid 1 MG Oral Tablet , Take 1 tablet by mouth once a day for Supplement
Albuterol Sulfate - Albuterol Sulfate 108 Ph (90 Base) 2 puff inhale intravenous every 6 hours as needed for SOB/Wheezing
Mirtazapine - Mirtazapine 7.5 MG Oral Tablet,Take 1 tablet by mouth at bedtime for Appetite/depression
Calcitriol - Calcitriol 0.25 MCG Oral Capsule, Take 1 capsule by mouth once a day for Hypocalcemia
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day for Supplement
Pyridoxine Hydrochloride - Pyridoxine Hydrochloride 50 MG Oral Tablet,take 1 tablet by mouth once a day for Vitamin B-6 deficiency
Lidocaine - Lidocaine 4% Edermal Patch topical once a day for Pain Remove per schedule and remove per schedule
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox (1000 UT 25 MCGOral Tablet, Take 3 tablet by mouth once a day for Vit D deficiency
Melatonin - Melatonin 5 MG Oral Tablet ,Take 1 tablet by mouth once a day as needed for insomnia
Methocarbamol - Methocarbamol 500 MG Oral Tablet,Take 1 tablet by mouth every 12 hours as needed for Muscle relaxer
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 take 17 gramPowder by mouth once a day for Bowel regimen Dissolve in 8oz of water; Hold med for loose bowel

14. DME and Supplies:

4 wheeled walker, , rolling walker

15. Safety Measures:

standard precautions, activity supervision, ambulates with assistance, ambulates with device, fall precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Transfer bed/Chair, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: limited, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rebecca Olaughlin
542 West MacPhail Rd
Bel Air, MD 21014
PHONE: 4106388900 FAX: 14106388916 NPI: 1225766835

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 : 10/30/2025

27. Attending Physician's Signature and Date Signed **02/06/2026**: 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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Homebound status:
Due to diagnosis of Other acute osteomyelitis left ankle and foot, 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 presents with severe pelvic and knee pain accompanied by significant joint tightness, grossly limited active range of motion, and a recumbent posture that adversely affects functional mobility. The therapist provided gentle passive stretching to the knee joints and assisted the patient with straight leg raises, lower-extremity abduction and adduction, long arc quadriceps exercises, sit-to-stand transfers, and ambulation of approximately 20 feet using a walker.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/31/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 10/30/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat hha-adl's due to Other Acute Osteomyelitis Left Ankle And Foot
 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>
 4 - Recertification PT Notes: due to severe pain of pelvis and knees<o:p></o:p> Physician: Olaughlin, Rebecca

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/02/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26) ,WK4: 2 (02/22/26-02/28/26) ,WK5: 2 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26)

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: wfl

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

PT Goals

PATIENT-STATED GOAL: To walk outside with assistive device

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Car Transfer - 06. Independent

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

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

1 - Step (curb) - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

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

Signature of Physician:

Date

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

Date
01/31/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion, limited strength, limited endurance, pain radiating to arms/legs

PROCEDURES: Home exercises : Hamstring stretching, slr, le abd/add, long arc 10x2 reps , MEDICATION REVIEW`: The medication was reviewed with the patient , cough/deep breathing exercises, gait training on uneven surfaces, 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 medication(s) purpose, schedule, 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, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/31/2026