Home Health Certification and Plan of Care

Order ID: 1150/17629

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
16177551	03/26/2026	From: 03/26/2026 To: 05/24/2026	23944	217058

6. Patient's Name and Address
Wayne LIttle
3341 Windsor Ave,
Baltimore, MD 21216-
410-215-5937

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 12/11/1963 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	03/26/26

13. ICD	Other Pertinent Diagnoses	Date
E11.3293	Type 2 diab with mild nonp rtnop without macular edema bi	03/26/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	03/26/26
I10.	Essential (primary) hypertension	03/26/26
B18.2	Chronic viral hepatitis C	03/26/26
E78.5	Hyperlipidemia unspecified	03/26/26
D64.9	Anemia unspecified	03/26/26
R91.8	Other nonspecific abnormal finding of lung field	03/26/26
Z79.01	Long term (current) use of anticoagulants	03/26/26
Z79.82	Long term (current) use of aspirin	03/26/26
Z79.4	Long term (current) use of insulin	03/26/26
Z89.611	Acquired absence of right leg above knee	03/26/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/26/26
Z86.0100	Personal history of colonic polyps	03/26/26

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

Famotidine - Famotidine 20 mg 20 mg by mouth once a day for Gerd
GABAPENTIN 300 mg 300 mg 1 capsule by mouth at bedtime for Neuropathic pain
Basaglar - Insulin Glargine 35 unite subcutaneous once a day Blood glucose
Humalog Pen - Insulin Lispro Recombinant 100 units/ml SS subcutaneous before meal Inject as per sliding scale: If 0 - 100 = 0 Units; 101-150 = 1 Unit; 151 - 200 = 2 Units; 201 - 250 = 3 Units; 251 - 300 = 4 Units; 351 - 400 = 6 Units Finger stick <70 or >400 contact MD, subcutaneously with meals for DM2 Administer within 15mins of a meal
Asprin - Aspirin 81 mg 1tablet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 20 mg 1tablet by mouth at bedtime for HLD
Lisinopril - Lisinopril 40 mg 1 tablet by mouth once a day for HTN
Metformin Hydrochloride - Metformin Hydrochloride 1gm 1gm 1 tablet by mouth twice a day 1000 mg for DM2 with meals
Metoprolol Tartrate - Metoprolol Tartrate 100 mg 1 tablet by mouth twice a day for HTN

14. DME and Supplies:
diabetic supplies, bath bench, wheelchair, wound care supplies

15. Safety Measures:
transfer with assist, diabetic precautions, , , wheelchair precautions, bathroom safety

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Glipizide

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Wheelchair, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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 Orthopedic aftercare following surgical amputation, 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 62-year-old male admitted to home health services following a recent hospitalization and rehabilitation stay for revision of a right below-knee amputation (BKA) to a right above-knee amputation (AKA) secondary to infection. His past medical history is significant for type 2 diabetes mellitus, hypertension, peripheral vascular disease, hyperlipidemia, anemia, prior right thalamic cerebrovascular accident/transient ischemic attack, and prior right BKA with prosthesis use. The patient is currently awaiting fitting for a new prosthetic limb. He resides in a first-floor apartment with a roommate who provides assistance as needed, although the patient reports a high level of independence. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented 4 and denies pain. Vital signs were obtained and are stable. Lung sounds are clear to auscultation, and bowel sounds are present, with the patient reporting his last bowel movement occurred the previous day. The patient reports his most recent blood glucose reading was 84 mg/dL at a recent physician appointment. The right residual limb incision is clean, dry, and well-approximated with staples in place, with anticipated removal at the end of the month, and no signs of infection observed. Functionally, the patient is currently wheelchair-bound pending prosthetic fitting. He is able to independently propel his wheelchair approximately 50 feet on indoor surfaces. He performs stand-pivot transfers from wheelchair to bed and to a bedside commode with distant supervision and demonstrates independence with bed mobility. He is able to tolerate standing at the sink for approximately two minutes with supervision. The patient requires assistive devices, including crutches and a walker, for future hop-to gait training and will require a shower bench for safe bathing. Stair negotiation, outdoor mobility, and car transfers were not assessed during this visit. The patient is considered homebound due to the significant effort required to leave the home environment with assistive devices, as evidenced by a Tinetti score of 8/28, indicating high fall risk. Skilled interventions included instruction in pre-prosthetic training, including desensitization techniques to the residual limb through rubbing and tapping, as well as positioning education with prone lying for 30 minutes daily to prevent hip flexion contractures. Therapeutic exercises such as prone hip extension (10 repetitions 2 sets) were initiated. Education was also provided regarding safety with transfers, use of assistive devices, and preparation for prosthetic training. The patient would benefit from continued skilled nursing and physical therapy services to monitor wound healing, manage chronic conditions, and improve strength, balance, and functional mobility in preparation for prosthetic use. The plan of care focuses on maximizing independence, preventing complications, and ensuring safe progression toward functional ambulation.
 Date of Order 03/26/2026 Orders Physician Face-to-Face Date: 03/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN and PT due to Encounter for Orthopedic aftercare following surgical amputation 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:
 Physician Lee, Shirley

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 03/17/2026

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 (03/26/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, #1 - Other - Other - AKA amputation surgical site with 32 staples -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - AKA amputation surgical site with 32 staples -, cough/deep breathing exercises, glucose testing via monitor

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, * 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, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: I want these staples out and to get a new prosthetic leg.

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 medication(s) purpose, schedule

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 is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (03/26/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, GG0170P1 - Picking Up Object, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand

PROCEDURES: Home exercise program : Supine hip flexion, bridging, straight leg raise. Sideline hip abduction. Prone hip extension. Standing right hip abduction and extension. Sitting left knee extension, ankle pumps, Pre Prosthetic training : Educated in right stump wrapping and performed 3 times with moderate cues needed, Standing tolerance : Stand at sink with arms support, Standing tolerance : Stand at sink with arms support,

PT Goals

PATIENT-STATED GOAL: To procure a prosthesis and walk like normal

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 150 feet - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/26/2026

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wheelchair training, equipment training, transfers training

TEACH PATIENT/CAREGIVER: * 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 relaxation skills and diversional activities, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, 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

1 - Step (curb) - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Eating - 06. Independent

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