Home Health Certification and Plan of Care

Order ID: 1150/16774

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30827430750	02/28/2026	From: 02/28/2026 To: 04/28/2026	22939	217058

6. Patient's Name and Address

Norman Morgan
3530 Northway Dr,
PARKVILLE, MD 21234-
443-801-0143

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 10/21/1975 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	02/28/26

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	02/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/28/26
N18.6	End stage renal disease	02/28/26
D63.1	Anemia in chronic kidney disease	02/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/28/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	02/28/26
E78.5	Hyperlipidemia unspecified	02/28/26
I69.351	Hemiplga following cerebral infrc aff right dominant side	02/28/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/28/26
F32.A	Depression unspecified	02/28/26
R47.1	Dysarthria and anarthria	02/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/28/26
H40.1130	Primary open-angle glaucoma bilateral stage unspecified	02/28/26
F17.210	Nicotine dependence cigarettes uncomplicated	02/28/26
E66.01	Morbid (severe) obesity due to excess calories	02/28/26
Z89.512	Acquired absence of left leg below knee	02/28/26
Z99.2	Dependence on renal dialysis	02/28/26
Z79.4	Long term (current) use of insulin	02/28/26
Z79.82	Long term (current) use of aspirin	02/28/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/28/26

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

CARVEDILOL 25 mg / 1 Tablet by mouth twice a day for Hypertension Hold if Systolic BP is less than 110 or Heart Rate less than 60.
CLOPIDOGREL 75 mg / 1 Tablet by mouth once a day for CAD until 03/17/2026 23:59
GABAPENTIN 100 mg / 1 Tablet by mouth three times a day for Neuropathic Pain
Acetaminophen - Acetaminophen 325 mg / 1 Tablet by mouth every 6 hours Give 2 tablet as needed for Pain *Use caution w/ APAP total daily dose greater than 3,000mg*
Aspirin - Aspirin 81 mg / 1 Tablet by mouth once a day for CAD prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth once a day for Hyperlipidemia
Calcium Acetate - Calcium Acetate 667 mg / 1 Capsule by mouth after meal Give 3 capsule with meals for ESRD
Doxazosin Mesylate - Doxazosin Mesylate eq 4 mg base / 1 Tablet by mouth once a day for HTN hold for SBP less than 110 or HR less than 60
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day every other day for Chronic Anemia
Hydralazine - Hydralazine Hydrochloride 50 mg / 1 Tablet by mouth three times a day for HTN hold for SBP less than 110 or HR less than 60
Methocarbamol - Methocarbamol 750 mg / 1 Tablet by mouth three times a day for Pain
Nephro-Vite - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0.8 mg / 1 Tablet by mouth once a day for supplement
Nifedipine Er - Nifedipine 60 mg / 1 Tablet by mouth once a day for HTN hold for SBP less than 110 or HR less than 60
Insulin Glargine Solution 100 UNIT/ML / Inject 48 Unit subcutaneous at bedtime for diabetes
Insulin Lispro Injection Solution 100 UNIT/ML / Inject 10 unit subcutaneous after meal with meals for DM

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, commode, , walker, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, ambulates with assistance, aspiration precautions, supervision at all times, transfer with assist, wheelchair precautions, , hand rails, bathroom safety, , activity supervision

16. Nutrition:

renal diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Amputation, Endurance

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated, Exercises Prescribed

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

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

Homebound status: After undergoing Left Below-The-Knee 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Etse Akpako
6565 N Charles St
Towson, MD 21204
PHONE: 4438493760 FAX: 14438493887 NPI: 1346090925

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 : 02/14/2026

27. Attending Physician's Signature and Date Signed **03/10/2026**: 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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Clinical Condition Requiring Homecare:

The patient is a 50-year-old male recently referred to home health services following a prolonged hospitalization and subsequent subacute rehabilitation stay after undergoing a left below-the-knee amputation (BKA) on 12/04/2025. The limb was deemed unsalvageable due to an infected Charcot foot with gas/phlegmon and exposed hardware. The patient completed acute inpatient rehabilitation from 12/16/2025 through 01/02/2026 for gait dysfunction and deconditioning and was then transferred to a skilled nursing facility for continued rehabilitation, dialysis coordination, wound management, glycemic and blood pressure control, and medical management of multiple chronic conditions. The patient has an extensive past medical history significant for diabetes mellitus, end-stage renal disease (ESRD) requiring hemodialysis three times weekly (Monday, Wednesday, Friday), prior cerebrovascular accident (CVA) with residual right hemiparesis, peripheral vascular disease (PVD), Charcot arthropathy of the left foot with acquired deformities, chronic anemia of chronic kidney disease, chronic pain with neuralgia and neuritis, dysarthria, gastroesophageal reflux disease (GERD), cardiac murmur, primary open-angle glaucoma bilaterally, morbid obesity, history of osteomyelitis of the left ankle/foot, hyperkalemia, depression/adjustment disorder, and Candida auris colonization. The patient is currently a full code with no known drug allergies. He is presently receiving hemodialysis through a right chest dialysis catheter and is scheduled for arteriovenous (AV) graft placement on 03/24. The patient resides in the basement of his marital home with his wife, who serves as his primary caregiver despite the couple being separated. The basement environment presents significant safety challenges, as it lacks a full bathroom and has limited accessibility. The patient must navigate approximately 15 steps to enter or exit the basement area, and he reports scooting on his buttocks up and down the stairs to access other parts of the home. The basement space is cluttered, limiting wheelchair maneuverability. As a result, the patient reports crawling across the floor to transfer between the bed and bedside commode because his wheelchair does not fit adequately within the confined area. The patient primarily uses a wheelchair for mobility and currently requires one-person assistance. During the therapy evaluation, the patient demonstrated supervision-level bed mobility and was educated on appropriate positioning of the left residual limb to promote knee extension and prevent contracture. The patient participated in therapeutic activities and was able to stand with minimal to moderate assistance using a rolling walker and performed short hopping movements forward and backward totaling approximately 8 feet with minimal assistance. On nursing assessment, the patient was noted to have a healed surgical amputation site with no current wound care needs. The patient denies active wound concerns at this time. The patient recently resumed smoking, which may negatively impact his vascular health and healing potential, and education regarding smoking cessation was recommended. The patient also has a Dexcom continuous glucose monitoring device but has not yet applied the sensor or been consistently monitoring blood glucose levels as recommended. Nursing offered assistance with device placement and diabetes management; however, the patient declined at this time. Education was provided regarding the importance of regular glucose monitoring, particularly in the setting of diabetes and ESRD. The patient also exhibits psychosocial concerns related to adjustment following limb loss. He expressed reluctance to leave the home due to fear of being judged by others for his amputation. The skilled nurse discussed the potential benefits of counseling to assist with coping and adjustment following limb loss. The patient's wife agreed to explore online counseling options to support the patient's emotional and psychological well-being. Skilled therapy services remain medically necessary to address significant deficits in functional mobility, strength, transfers, and safe ambulation following amputation and prolonged hospitalization. The patient requires continued therapy for strengthening of the lower extremities, transfer training, wheelchair mobility, residual limb management, and progression toward safe functional mobility in the home environment. Environmental safety and home accessibility also require ongoing evaluation, including reduction of clutter to allow wheelchair navigation. The patient has requested therapy services to be scheduled on Tuesdays and Thursdays. Ongoing skilled nursing will continue to focus on chronic disease management, dialysis coordination, diabetes education, safety monitoring, and reinforcement of education for both the patient and caregiver to support safe care within the home environment.
 Date of Order 02/28/2026 Orders Physician Face-to-Face Date: 02/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Left Below-The-Knee 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 Akpako, Etse

SN Careplans

SN WK1: 1 (02/28/26-02/28/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26) ,WK8: 1 (04/12/26-04/18/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; 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

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to go out of his house without fear of falling or being starred at.

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) 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 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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/28/2026

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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: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, Home Safety, Home Safety, Home Safety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, limited endurance, limited strength, poor muscle tone, muscle weakness, withdrawal from conversations, daytime fatigue, difficulty sleeping, balance deficit, weak hand grips, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: incentive spirometer, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate fire safety devices, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities, monitor dialysis schedule

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 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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 home enviroment has adequate fire safety devices, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

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

patient home enviroment has adequate fire safety devices

patient living environment has adequate lighting

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (03/01/26-03/07/26) ,WK3: 2 (03/08/26-03/14/26) ,WK4: 2 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26) ,WK8: 1 (04/12/26-04/18/26) ,WK9: 1 (04/19/26-04/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, 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, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170S1 - Wheel 150 feet

PROCEDURES: cough/deep breathing exercises, wheelchair training, therapeutic exercises: Laq, hip flexion, SLR, QS, GS, HIP ABDUCTION, BRIDGING, HAMSTRING CURLS, equipment training, work simplification/energy conservation, 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, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 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 - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent, Stair negotiation , Walking

PT Goals

PATIENT-STATED GOAL: To use a prosthetic and walk again get up and drive again

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/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 - 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

Wheel 50 ft w 2 Turns - 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 - 02. Substantial/maximal assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/28/2026

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Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Walking

Stair negotiation

Signature of Physician:

Date

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

Date
02/28/2026