

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	
7A04Q55TY78		12/04/2025		From: 02/02/2026 To: 04/02/2026	
				4. Medical Record No.	
				19878	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
George Kraus			HomeCentris Healthcare LLC		
709 Grantwood Rd,			10 Crossroads Drive, Suite 102		
MIDDLE RIVER, MD 21220-			Owings Mills, MD 21117-8284		
410-790-9309			410-321-8448		
			1487113239		
8. DOB			9. Sex		
08/17/1960			Male		
11. ICD			Principal Diagnosis		
M86.172			Other acute osteomyelitis left ankle and foot		
			Date		
			12/04/25		
13. ICD			Other Pertinent Diagnoses		
C90.02			Multiple myeloma in relapse		
D63.0			Anemia in neoplastic disease		
J44.9			Chronic obstructive pulmonary disease unspecified		
I12.9			Hypertensive chronic kidney disease w stg 1-4/unspr chr kidney		
N18.4			Chronic kidney disease stage 4 (severe)		
D63.1			Anemia in chronic kidney disease		
M54.2			Cervicalgia (M54.2)		
E43.			Unspecified severe protein-calorie malnutrition		
E78.1			Pure hyperglyceridemia		
K21.9			Gastro-esophageal reflux disease without esophagitis		
Z79.51			Long term (current) use of inhaled steroids		
Z79.82			Long term (current) use of aspirin		
Z79.2			Long term (current) use of antibiotics		
Z89.412			Acquired absence of left great toe		
			Date		
			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 expectorate		
			Mylanta Suspension 200-200-20 MG/SML (Alum &Mag Hydroxide-Simethicone),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 Tablet,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 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: Dexpantenol: Folic Acid: Niacinamide: Pyridoxine 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: Dexpantenol: Folic Acid: Niacinamide: Pyridoxine (1000 UT 25 MCG)Oral 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:			15. Safety Measures:		
4 wheeled walker, , rolling walker			standard precautions, activity supervision, ambulates with assistance, ambulates with device, fall precautions		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			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:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			patient will be responsible for managing treatment		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 01/31/2026					
24. Physician's Name and Address			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.		
Rebecca O'Laughlin			F2F date : 10/30/2025		
542 West MacPhail Rd					
Bel Air, MD 21014					
PHONE: 4438437000 FAX: 14436431880 NPI: 1225766835					
27. Attending Physician's Signature and Date Signed			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.		
03/19/2026 Date of physician last face-to-face			PAGE 1 of 3		

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	
7A04Q55TY78		12/04/2025		From: 02/02/2026 To: 04/02/2026	
				4. Medical Record No. 19878	
				5. Provider No. 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		
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: <p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">01/31/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing"> 4 - Recertification PT Notes: due to severe pain of pelvis and knees<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Olaughlin, Rebecca</p>					
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		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			01/31/2026		

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	
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