Home Health Certification and Plan of Care

Order ID: 1150/17920

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42001574600	04/06/2026	From: 04/06/2026 To: 06/04/2026	24368	217058

6. Patient's Name and Address
Dimitris Katsikadakos
5005 Saint Paul Church Rd,
PYLESVILLE, MD 21132-
443-935-1081

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 12/27/1981 | **9.Sex** Male

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

Levetiracetam 1,000 mg by mouth twice a day Seizure prevention
Fluticasone 50 MCG/ACT nasal spray Nasal as necessary Allergies
Escitalopram 100 mg , Take 1 tablet by mouth once a day Antidepressant
Acetaminophen 325mg , take 2 tablet by mouth every 4 hours As needed for pain
Cetirizine 10 mg, Take 1 tablet by mouth once a day As needed for allergies

11. ICD	Principal Diagnosis	Date
T86.821	Skin graft (allograft) (autograft) failure	04/06/26

13. ICD	Other Pertinent Diagnoses	Date
F41.9	Anxiety disorder unspecified	04/06/26
Z87.891	Personal history of nicotine dependence	04/06/26
Z98.890	Other specified postprocedural states	04/06/26

14. DME and Supplies:
None of the above

15. Safety Measures:
standard precautions, seizure precautions, medication safety, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
None of the above

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: fair

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 Skin graft (allograft) (autograft) failure, 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 44-year-old male, alert and oriented 4, status post craniotomy complicated by tissue necrosis, requiring subsequent wound revision, scalp exploration, debridement, and scalp flap closure. The surgical incision is C-shaped on the right side of the scalp with absorbable sutures intact and is currently left open to air. The patient may shower but has been instructed to avoid baths or submersion. He denies pain, shortness of breath, dizziness, or lightheadedness. Vital signs are within normal limits, and lung sounds are clear to auscultation. Medications were reviewed, and education was provided on hand hygiene, infection prevention, and proper medication management.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/06/2026
Order<o:p></o:p> Physician Face-to-Face Date: 03/30/2026
Clinical Condition Requiring Home Care per Certifying Physician: SN - education, disease management and medication teaching due to Skin graft (allograft) (autograft) failure
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>
1 - SOC - SN Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Gao, Qinglin

SN Careplans

SN WK1: 1 (04/06/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26)

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/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

SN Goals

PATIENT-STATED GOAL: To heal properly without getting an infection.

GOALS
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/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 keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Qinglin Gao
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 18007777904 FAX: NPI: 1053381780

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 : 03/30/2026

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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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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2020 - Oral Med Management, M1400 - Dyspnea, swell/redness surround. skin, #1 - Observable Surgical Wound - Other - Right lateral Scalp - LOTA

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right lateral Scalp - LOTA: Wash Scalp with soap and water and leave the surgical site open to air., cough/deep breathing exercises

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/06/2026