Home Health Certification and Plan of Care

Order ID: 1150/17971

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01194436	12/15/2025	From: 04/14/2026 To: 06/12/2026	15736	217058

6. Patient's Name and Address
Paul Maki
2225 E Baltimore St,
BALTIMORE, MD 21231-
443-278-5491

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 09/21/1948 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I87.2	Venous insufficiency (chronic) (peripheral)	12/15/25

13. ICD	Other Pertinent Diagnoses	Date
L97.212	Non-pressure chronic ulcer of right calf w fat layer exposed	12/15/25
I10.	Essential (primary) hypertension	12/15/25
I70.0	Atherosclerosis of aorta	12/15/25
I82.469	Acute embolism and thombos unsp calf muscular vein	12/15/25
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	12/15/25
E78.5	Hyperlipidemia unspecified	12/15/25
N20.0	Calculus of kidney	12/15/25
H40.89	Other specified glaucoma	12/15/25
E66.9	Obesity unspecified	12/15/25
Z68.32	Body mass index [BMI] 32.0-32.9 adult	12/15/25
Z89.432	Acquired absence of left foot	12/15/25
Z79.01	Long term (current) use of anticoagulants	12/15/25
Z86.0100	Personal history of colonic polyps	12/15/25
Z86.711	Personal history of pulmonary embolism	12/15/25
Z85.828	Personal history of other malignant neoplasm of skin	12/15/25

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

Furosemide - Furosemide 20 MG , Give 1 tablet by mouth once a day
Dabigatran Etexilate - Dabigatran Etexilate 150 MG , Give 1 capsule by mouth twice a day
Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth at bedtime
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG , Give 1 capsule by mouth in the evening
Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth every 8 hours 8 hours as needed for MILD Pain Pain Scale 1-5
Medi honey - topical once a week with dressing change

14. DME and Supplies:
walker

15. Safety Measures:
hip precautions, fall precautions, standard precautions, walker precautions, ambulates with device, ambulates with assistance,

16. Nutrition:
low cholesterol

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated, Other

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Venous insufficiency (chronic) (peripheral), 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 was admitted for start of care (SOC) to reengage in home health skilled nursing services for right lower leg wound care requiring routine treatment to promote healing and prevent infection. The patient has ambulatory difficulty, requires an assistive device for safety and fall prevention, and experiences taxing effort when leaving the home. Wound sizes have progressed due to a lapse in wound care, with a right lower leg wound measuring 2 3.9 cm and a total unstageable wound area of 8 14 cm. The left leg presents with an unstageable wound following prior debridement at a wound clinic, with associated skin peeling related to dressing moisture; compression wraps have been effective in managing moisture and swelling, and no lower extremity edema was noted. The patient is alert and oriented 3-4 and reports lower extremity pain rated at 3/10, increasing with walking and standing, partially relieved by Tylenol. The right lower posterior wound shows some improvement, with serosanguineous drainage, no odor, and surrounding skin peeling with minor bleeding; similar skin peeling and bleeding are noted on the left leg. The patient was instructed to follow up with KP wound care clinic and Roslind Joseph, RN, for further evaluation and recommendations. Wound care includes cleansing with cleanser, drying with gauze, Hydrofera Blue to the right leg wound, MediHoney as needed for slough, and bilateral UrgoK2 compression; the patient attended an appointment for left leg compression therapy pending Velcro wrap availability. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-2 CE-FMS-Medications">Medications</mh> were reviewed with no changes noted, no abnormal bleeding or falls were reported, sleep has improved to five-hour intervals, bowel and bladder status are unremarkable, and the patient self-monitors blood pressure, heart rate, and temperature daily. Supplies have been received from Byram, consent was explained and signed, a follow-up appointment with Dr. Capasso is scheduled for 12/26/25, skilled nursing is ordered 1w5, and the next nurse visit is to be scheduled for 12/23.
 Date of Order 04/13/2026 Orders Physician Face-to-Face Date: 11/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management dx: Venous insufficiency (chronic) (peripheral) Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Recert for wound care, right and left lower leg wound care requiring routine. Wound care to promote healing and prevent infection with ambulatory difficulty requires an assistive device for ambulatory safety and fall prevention, making it a taxing effort to leave the home. Physician Capasso, Justin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Justin Capasso
815 E Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331

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 : 11/03/2025

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 WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, frequent urination, limited range of motion, #1 - Other - Anterior Left Below Knee - , #4 - Observable Stasis Ulcer - Other - Posterior Proximal Right Calf - Covered with dry gauze underneath unna boot and coban . Awaiting orders for wound itself., #5 - Observable Stasis Ulcer - Posterior Right Calf - Covered with dry gauze underneath unna boot and coban. Awaiting orders.

PROCEDURES: physician-ordered wound care: #4 - Observable Stasis Ulcer - Other - Posterior Proximal Right Calf - Covered with dry gauze underneath unna boot and coban . Awaiting orders for wound itself., physician-ordered wound care: #5 - Observable Stasis Ulcer - Posterior Right Calf - Covered with dry gauze underneath unna boot and coban. Awaiting orders.: Remove compression wrap prior to HHA visit. Clean the leg with Lukewarm water, mild soap, water. Clean wound with wound cleanser (Betadine). Dry with Dry gauze. Moisturize the skin. May apply urea cream over the crusted skin. Open wounds on bilateral legs. cover with Aquacel Ag, cut to fit the size of the wound. Bilateral legs: Apply Unna boot compression wrap. Once a week. Follow up in 4 weeks (3/19/26, physician-ordered wound care: #1 - Other - Anterior Left Below Knee -, physician-ordered wound care: #2 - Other - Posterior Right Calf -, physician-ordered wound care: #3 - Other - Anterior Left Below Knee -, Medication Review- : medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply compression bandage, physician-ordered wound care: Written Order Roslin Joseph, NP 3/19/2026Remove compression wrap prior to Home health Nurses visit. Clean the leg with Lukewarm water, mild soap, water. Clean wound with wound cleanser (Betadine). Dry with Dry gauze. Moisturize the skin. May apply urea cream over the crusted skin. Open wounds on bilateral legs. cover with Aquacel Ag, cut to fit the size of the wound. Bilateral legs: Apply the two layer compression dressing use the Two-Layer Compression Kit sent by Kaiser Apply once a week Follow up with Roslin Josepph NP on April 23, physician-ordered wound care: Remove compression wrap prior to HHA visit. Clean the leg with Lukewarm water, mild soap, water. Clean wound with wound cleanser (Betadine). Dry with Dry gauze. Moisturize the skin. May apply urea cream over the crusted skin. Open wounds on bilateral legs. cover with Aquacel Ag, cut to fit the size of the wound. Bilateral legs: Apply Unna boot compression wrap. Once a week. Follow up in 4 weeks (3/19/26

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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: to resolve wounds without interruptions

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* low cholesterol dietary guidelines
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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

Signature of Physician:

Date

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

Date
04/13/2026