Home Health Certification and Plan of Care

Order ID: 1150/17909

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11267182850	02/01/2026	From: 04/02/2026 To: 05/31/2026	22153	217058

6. Patient's Name and Address

John Booth
635 Alston Pl,
SEVERNA PARK, MD 21146-
410-544-7753

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 05/03/1961 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.01	Encounter for change or removal of surgical wound dressing	02/01/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/01/26
I70.292	Oth athscl native arteries of extremities left leg	02/01/26
I65.22	Occlusion and stenosis of left carotid artery	02/01/26
I11.0	Hypertensive heart disease with heart failure	02/01/26
I50.9	Heart failure unspecified	02/01/26
I70.0	Atherosclerosis of aorta	02/01/26
E78.5	Hyperlipidemia unspecified	02/01/26
D64.9	Anemia unspecified	02/01/26
K59.00	Constipation unspecified	02/01/26
F43.21	Adjustment disorder with depressed mood	02/01/26
M54.16	Radiculopathy lumbar region	02/01/26
G89.29	Other chronic pain	02/01/26
E66.9	Obesity unspecified	02/01/26
Z85.828	Personal history of other malignant neoplasm of skin	02/01/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/01/26
Z79.82	Long term (current) use of aspirin	02/01/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/01/26
Z87.891	Personal history of nicotine dependence	02/01/26
Z47.81	Encounter for orthopedic aftercare following surgical amp	02/01/26
T81.49XA	Infection following a procedure other surgical site init	02/01/26
L03.115	Cellulitis of right lower limb	02/01/26
L02.415	Cutaneous abscess of right lower limb	02/01/26
Z79.01	Long term (current) use of anticoagulants	02/01/26
Z79.4	Long term (current) use of insulin	02/01/26
Z89.411	Acquired absence of right great toe	02/01/26

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

Aspirin 81Mg - Aspirin 81mg; 1 tab by mouth once a day for Severe RLE PAD with S/P Revascularization
Atorvastatin - Atorvastatin Calcium 80mg / 1 Tablet by mouth at bedtime for HLD
Bupropion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 mg / 1 Tablet by mouth twice a day for Depression
Dabigatran Etexilate - Dabigatran Etexilate 150 mg / 1 Capsule by mouth twice a day for PAD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 0 325 (65 Fe) mg / 1 Tablet by mouth once a day for supplementation
Gabapentin - Gabapentin 300 mg 0 300 mg/ 1 Capsule by mouth three times a day for Neuropathy
Glipizide - Glipizide 5 mg 0 5 mg5 mg/ 1 Tablet by mouth twice a day for DM
Acetaminophen - Acetaminophen 325 mg 0 325 mg / 2 Tablet by mouth every 6 hours as needed for Mild Pain PAIN SCALE 1-5, DO NOT EXCEED 3 GRAMS IN 24 HOURS
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1 tab by mouth every 4 hours as needed for severe pain
Senokot - Senna 8.6 mg by mouth twice a day

14. DME and Supplies:

wound care supplies, walker, small base cane, rolling walker, diabetic supplies, cane, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, walker precautions, transfer with assist, supervision at all times, standard precautions, medication safety, infectious material management, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic, , ,

17. Allergies:

jardiance metformin

18.A. Functional Limitations

Ambulation, Amputation, Endurance

18.B. Activities Permitted

Cane, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to manage toileting hygiene and clothing management without assistance, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Encounter for change or removal of surgical wound dressing, 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 03/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharon Chung
7670 Quarterfield Rd
Glen Bernie, MD 21061
PHONE: 410-508-7650 FAX: 1-410-508-7701 NPI: 1295026045

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 : 01/14/2026

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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Clinical Condition Requiring Homecare:

The patient remains homebound due to safety and fall-risk concerns and requires caregiver assistance with activities of daily living, using a walking stick for mobility. Overall, the patient appears well and is very pleased with the progression of wound healing. The patient has a vascular appointment scheduled for today and believes the wound vacuum may be removed. The patient was advised to keep the care team updated.Top of Form<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 03/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/14/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Encounter for change or removal of surgical wound dressing
 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>
 4 - Recertification SN Notes: due to safety/fall risk concerns<o:p></o:p> Physician: Chung, Sharon

SN Careplans

SN WK4: 1 (04/19/26-04/25/26)

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, 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; 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: weak pulses in feet (CR), abnormal BS < 70/140 > mg/dL, diarrhea, constipation, discolored patches of skin, open sores/lesions (SK)

PROCEDURES: physician-ordered wound care: #3 - Non-Observable Surgical Wound - Other - Right Abdomen - covered by non removable dressing., physician-ordered wound care: #2 - Other - Other - RIGHT 4TH TOE -: APPLY BETADINE DAILY, physician-ordered wound care: #3 - Other - Other - RIGHT LEG - FIVE RIGHT LEG INCISION WITH STAPLES; OPEN TO AIRPROXIMAL TO DISTAL MEASURES 10.0 CM; 8.0 CM; 9.0 CM; 9.0 CM AND 11.5 CM IN LENGTH: OPEN TO AIR, physician-ordered wound care: #4 - Observable Surgical Wound - Other - Right lateral abdomen - Staples, open to air, physician-ordered wound care: #5 - Observable Surgical Wound - Other - Right anterior thigh - Staples, Open to air, physician-ordered wound care: #6 - Observable Surgical Wound - Other - Right proximal inner thigh - Staples, Open to air, physician-ordered wound care: #7 - Observable Surgical Wound - Other - Right Medial thigh - Staples, Open to air, physician-ordered wound care: #8 - Observable Surgical Wound - Other - Right Medial Thigh Distal - Staples, Open to air., physician-ordered wound care: #9 - Observable Surgical Wound - Other - Right Inner Calf, Proximal - Staples, Open to air., physician-ordered wound care: #10 - Observable Surgical Wound - Other - Right Medial Inner Shin - Staples, Open to air, physician-ordered wound care: #11 - Observable Surgical Wound - Other - Right lateral shin - Staples, Open to air, cough/deep breathing exercises, physician-ordered wound care: 4TH DIGIT OF RIGHT FOOT: SN TO APPLY AQUACEL TO SUPERFICIAL ULCERATION TO BASE OF 4TH DIGIT RIGHT FOOT EVERY 2-3 DAYS., physician-ordered wound care: RIGHT BIG TOE AMPUTATION SITE: SN/PT/CG TO APPLY BETADINE TO INCISION SITE, 4X4 GAUZE, KERLIX AND LIGHT ACE BANDAGE. DAILY., physician-ordered wound care: RIGHT UPPER INNER THIGH WITH WOUND VAC MANAGED BY MD. CHANGED WEEKLY AT MD OFFICE., glucose testing via monitor, home exercise program

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 medicatio, * 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 relaxatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT TO GET BACK TO DOING THE THINGS I USE TO DO

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 medicatio

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
* 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 relaxatio

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/30/2026