

Home Health Certification and Plan of Care				Order ID: 1150/17943	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
4NJ0C26XN36		12/18/2025		From: 04/17/2026 To: 06/15/2026	
				4. Medical Record No.	
				20581	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Anthony Cook				HomeCentris Healthcare LLC	
22 Richmar Rd Apt J1,				10 Crossroads Drive, Suite 102	
OWINGS MILLS, MD 21117-				Owings Mills, MD 21117-8284	
443-422-0637				410-321-8448	
				1487113239	
8. DOB 06/16/1989 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Date	
E11.621		Type 2 diabetes mellitus with foot ulcer		12/18/25	
13. ICD		Other Pertinent Diagnoses		Date	
J96.01		Acute respiratory failure with hypoxia		12/18/25	
E11.65		Type 2 diabetes mellitus with hyperglycemia		12/18/25	
I11.0		Hypertensive heart disease with heart failure		12/18/25	
I50.84		End stage heart failure		12/18/25	
I50.43		Acute on chronic combined systolic and diastolic hrt fail		12/18/25	
S91.105D		Unsp opn wnd left lesser toe(s) w/o damage to nail subs		12/18/25	
I42.9		Cardiomyopathy unspecified		12/18/25	
E78.5		Hyperlipidemia unspecified		12/18/25	
D50.9		Iron deficiency anemia unspecified		12/18/25	
M54.16		Radiculopathy lumbar region		12/18/25	
G89.29		Other chronic pain		12/18/25	
F17.210		Nicotine dependence cigarettes uncomplicated		12/18/25	
E66.01		Morbid (severe) obesity due to excess calories		12/18/25	
Z68.42		Body mass index [BMI] 45.0-49.9 adult		12/18/25	
Z79.82		Long term (current) use of aspirin		12/18/25	
Z79.84		Long term (current) use of oral hypoglycemic drugs		12/18/25	
Z79.891		Long term (current) use of opiate analgesic		12/18/25	
L97.529		Non-pressure chronic ulcer oth prt left foot w unsp severity		12/18/25	
E11.52		Type 2 diabetes w diabetic peripheral angiopathy w gangrene		12/18/25	
E11.40		Type 2 diabetes mellitus with diabetic neuropathy unsp		12/18/25	
F12.10		Cannabis abuse uncomplicated		12/18/25	
F14.90		Cocaine use unspecified uncomplicated		12/18/25	
E66.813		Other obesity		12/18/25	
Z68.41		Body mass index [BMI] 40.0-44.9 adult		12/18/25	
Z87.891		Personal history of nicotine dependence		12/18/25	
14. DME and Supplies:				15. Safety Measures:	
wound care supplies, walker, wheelchair, cane				wheelchair precautions, walker precautions, standard precautions, medication safety, infectious material management, diabetic precautions, fall precautions, bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				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:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Type 2 diabetes mellitus with foot ulcer, 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:<div>The patient is a 36-year-old male with a significant past medical history including cerebral palsy, type 2 diabetes mellitus, acute respiratory failure, hyperlipidemia, cardiomegaly, morbid obesity, and multiple additional comorbidities. He was admitted to home health services for skilled wound care of a diabetic ulcer on the left great toe and for physical and occupational therapy to address impaired mobility and self-care deficits. On assessment, the patient was alert and oriented 4 and reported severe pain (10/10) at the left great toe wound, while denying shortness of breath or chest pain. He resides with his mother in a third-floor apartment and reports significant difficulty with stair negotiation, requiring seated descent and step-by-step ascent. Although the patient reports independence with bathing, his mother indicates he requires assistance. Wound assessment revealed necrotic tissue centrally with light pink to beefy red tissue at the edges, discoloration of surrounding toes, and +2 to +3 edema of the left foot; pulses were faint but palpable with delayed capillary refill. The right lower extremity showed trace to +1 edema with intact skin. The wound was measured, photographed, and redressed using a wet-to-dry technique due to limited supplies; additional wound care supplies were ordered, and the patient and caregiver were encouraged to request a podiatry referral. Physical therapy evaluation noted decreased bilateral lower extremity strength (3-/5 MMT), need for contact guard assistance with transfers and short-distance ambulation, and altered gait with weight bearing limited to the left heel due to wounds. Occupational therapy evaluation identified recent prolonged hospitalization and rehabilitation stay, current wheelchair use, need for adaptive equipment for bathing, and safety concerns with ADLs; education was provided to the patient and mother, and continued skilled OT was recommended to improve independence, safety, and functional performance.</div><div><span style="font-size:					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/14/2026					
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.	
David Roggen				F2F date : 12/15/2025	
1008 Red Run Blvd					
Owings Mills, MD 21117					
PHONE: 4106530000 FAX: 14106535531 NPI: 1992713622					
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.	
				PAGE 1 of 2	

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14px;">
</div><div>Date of Order</div><div>04/14/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/15/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 Diabetes Mellitus With Foot Ulcer</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div>4 - Recertification Notes: The patient is homebound due to obesity, CHF, and a necrotic toe. The patient is to have more skilled nursing to follow wound care, and physicians are contemplating amputation. The nurse needs to follow up weekly and ensure there are no signs or symptoms of infection currently. </div><div>Physician</div><div>Roggen, David</div>

SN Careplans	SN Goals
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) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26) ,WK9: 1 (06/07/26-06/13/26)	PATIENT-STATED GOAL: "I want my toe to heal and this pain to go away!"
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	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
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule
HOSPITALIZATION RISKS: 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, 8. Currently reports exhaustion	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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	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
PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, weak pulses in feet, swelling in legs/around eyes, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, swelling of affected area, difficulty sleeping, balance deficit, obesity, swell/redness surround. skin, rough/scaly/cracked skin, #1 - Other - Other - Left Greater Toe -	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
PROCEDURES: physician-ordered wound care: #1 - Other - Other - Left Greater Toe -, Physician ordered wound care : Discontinue all previous wound care orders. 03/13/2026 Nurse/family to cleanse wound to left foot/toe with soap and water, apply betadine soaked gauze, wrap with kerlix secure with tape daily. Patient/family to change dressing in the absence of nurse., Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To left great to wound, Wrap toe with fluffed moistened Dakins gauze, ABD pad, and wrap with kerlix gauze. Change Daily., glucose testing via monitor	patient is adequately supervised
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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, 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's enviroment has adequate stairs railings, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	caregiver administers and/or packages medications appropriately
	caregiver performs medical/rehabilitation treatments with adequate competence
	patient/caregiver recalls * how to keep journal of food and fluid intake * healthy meal plan tips * exercise program * nutritional knowledge * recalls related medication(s) purpose, schedule
	patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule
	patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule
	patient's enviroment has adequate stairs railings
	patient's living environment is clean/uncluttered
	patient/caregiver recalls * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * recalls 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	04/14/2026