Home Health Certification and Plan of Care

Order ID: 1150/17673

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00016785	03/30/2026	From: 03/30/2026 To: 05/28/2026	23051	217058

6. Patient's Name and Address

Lionel Saxon
5623 Cadillac Avenue,
GWYNN OAK, MD 21207-
410-350-4573

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 08/17/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	03/30/26

13. ICD	Other Pertinent Diagnoses	Date
L97.222	Non-pressure chronic ulcer of left calf w fat layer exposed	03/30/26
L97.922	Non-prs chr ulc unsp prt of l low leg w fat layer exposed	03/30/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	03/30/26
I50.32	Chronic diastolic (congestive) heart failure	03/30/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/30/26
N18.6	End stage renal disease	03/30/26
D63.1	Anemia in chronic kidney disease	03/30/26
Z99.2	Dependence on renal dialysis	03/30/26
I95.9	Hypotension unspecified	03/30/26
I48.91	Unspecified atrial fibrillation	03/30/26
E78.5	Hyperlipidemia unspecified	03/30/26
I45.19	Other right bundle-branch block	03/30/26
T83.511D	I/I react d/t indwelling urethral catheter subs	03/30/26
E55.9	Vitamin D deficiency unspecified	03/30/26
K59.00	Constipation unspecified	03/30/26
Z79.4	Long term (current) use of insulin	03/30/26
Z79.82	Long term (current) use of aspirin	03/30/26
Z87.01	Personal history of pneumonia (recurrent)	03/30/26

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

Nephrovite -
Bicitra 30 ml four times a day
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg by mouth three times a day for hypotension
Retacrit 5000 units subcutaneous threee times per week
Aspirin -
Atorvastatin -
Colace 100 mg twice a day
Senna 2 Tablet in the evening as needed
Ergocalciferol 50 mcg once a day
Claritin 10 mg in the evening
Duoneb - every 6 hours PRN
Ceftriaxone -

14. DME and Supplies:

wound care supplies, wheelchair, walker, rolling walker, large base quad cane, diabetic supplies, commode, cane, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, walker precautions, transfer with assist, supervision at all times, standard precautions, remove environmental barriers, medication safety, hand rails, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

renal diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Cane, Up As Tolerated

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: 3. Often, 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 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, 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 65-year-old male with a complex medical history including type 2 diabetes mellitus, end-stage renal disease on hemodialysis three times per week via a central venous catheter (with plans for future fistula placement), heart failure with preserved ejection fraction (EF 60-65%), atrial fibrillation (not anticoagulated), hypertension, dyslipidemia, and prior conduction abnormalities. He was recently hospitalized for hypotension, fatigue, and septic shock secondary to a catheter-related infection and is now referred for skilled home health physical therapy due to deconditioning. The patient presents with chronic left lower extremity wounds (including an upper inner calf wound and a circumferential ankle wound) with significant 4+ pitting edema, bilateral lower extremity weakness, impaired gait mechanics, and decreased endurance. He requires minimal assistance for bed mobility, contact guard assistance for transfers, and ambulates with a walker using a slow, guarded gait pattern. The patient is homebound due to profound fatigue, lower extremity weakness, and the need for frequent dialysis with specialized transportation. He lives with his wife, who is also ill, but has supportive family available as needed. Home safety education has been provided, including fall prevention strategies and planned modifications such as installation of grab bars. Skilled home health physical therapy is indicated to improve strength, balance, functional mobility, and safety, with the goal of reducing fall risk and promoting independence within the home.<o:p></o:p> <p

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

Natelaine Fripp
4538 Edmondson Ave
Baltimore, MD 21229
PHONE: 4106672141 FAX: 14106851973 NPI: 1205970241

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 : 02/24/2026

27. Attending Physician's Signature and Date Signed **04/08/2026**: 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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class="MsoNoSpacing"><o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/30/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/24/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management wound care, PR eval and treat, OT eval and treat DX: Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
 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> PT Eval 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;"> Fripp, Natelaine

SN Careplans

SN WK1: 1 (03/30/26-04/04/26) ,WK2: 2 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-04/30/26)

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 > 10

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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 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,.
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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, dizziness/syncope, abnormal blood pressure, coughing, cramping calves/thighs/hips, itchy/runny nose, lightheadedness, swelling in legs/around eyes, weak pulses in feet, weight gain > 2lb/24 h OR 5lb/1 wk, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, diarrhea, constipation, M1620 - Bowel Incontinence, decreased urine output, muscle spasms, limited range of motion, limited strength, swelling of affected area, muscle weakness, poor muscle tone, limited endurance, involuntary movement of extremity, Pain Interference with Therapy activities, Pain Interference with ADLs, difficulty sleeping, extremity burn/tingle/numb, B1000 - Vision Deficit, daytime fatigue, obesity, #2 - Other - Other - Around entire ankle - Unable to assess. Patient just changed dressing and would like to perform wound care at next appointment, #1 - Open Wound - Other - Inner left calf - Unable to assess. Patient just changed dressing and would like to perform wound care at next appointment, swell/redness surround. skin, skin breakdown r/t incontinence, open sores/lesions, bleeding/discharge at site, red/tender pressure points

PROCEDURES: physician-ordered wound care: #2 - Other - Other - Around entire ankle - Unable to assess. Patient just changed dressing and would like to perform wound care at next appointment, physician-ordered wound care: #1 - Open Wound - Other - Inner left calf - Unable to assess. Patient just changed dressing and would like to perform wound care at next appointment, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision,

SN Goals

PATIENT-STATED GOAL: To get the swelling down in my leg so I can move around better

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

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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient's living environment is clean/uncluttered

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services, monitor dialysis schedule

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 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-04/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: Gait Training: 1, HEP: Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover., Medication Review: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, Power Wheelchair Evaluation: With George from Austin Pharmacy, equipment 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, * 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: not to go back to hospital

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

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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