Home Health Certification and Plan of Care

Order ID: 1150/18493

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97278969	05/06/2026	From: 05/06/2026 To: 07/04/2026	25512	217058

6. Patient's Name and Address

Warren Lee
2614 Pennsylvania Ave Apt 211,
BALTIMORE, MD 21217-
443-799-7012

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 07/07/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	05/06/26

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	05/06/26
M86.171	Other acute osteomyelitis right ankle and foot	05/06/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/06/26
D64.9	Anemia unspecified	05/06/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/06/26
E78.5	Hyperlipidemia unspecified	05/06/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	05/06/26
Z79.01	Long term (current) use of anticoagulants	05/06/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/06/26
Z79.82	Long term (current) use of aspirin	05/06/26
Z79.4	Long term (current) use of insulin	05/06/26
Z79.891	Long term (current) use of opiate analgesic	05/06/26
Z89.512	Acquired absence of left leg below knee	05/06/26
Z89.411	Acquired absence of right great toe	05/06/26

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

ASPIRIN Low Dose Chewable 81 mg / 1 Tablet by mouth one time a day for pain
Breyna Inhalation Aerosol 160-4.5 mcg/act / 2 puff inhale orally by mouth twice a day for shortness of breath
MELATONIN 5 mg / 1 Capsule by mouth at bedtime for Sleep-aid
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Capsule by mouth every 6 hours as needed for moderate to severe pain
Extra Strength Tylenol - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth two times a day for Pain management
Pravastatin - Pravastatin Sodium 40mg by mouth at bedtime HLD
Albuterol Sulfate - Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT / 2 puff inhale orally every 6 hours as needed for Shortness of breath
Humalog - Insulin Lispro Recombinant 100 unit/mL, 3u intramuscular three times a day Inject as per sliding scale: if 150 - 200 = 2; if 201 - 250 = 4; if 251 - 300 = 8; if 301 - 350 = 10; 351 - 400 = 12 if blood glucose <70 or >400 notify provider. for diabetic
Humulin 70/30 Pen - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 28u AM subcutaneous in the morning

14. DME and Supplies:

diabetic supplies, wound care supplies, cane, walker

15. Safety Measures:

standard precautions, supervision at all times, walker precautions, wheelchair precautions, bathroom safety, diabetic precautions, fall precautions, bleeding precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low cholesterol, diabetic

17. Allergies:

rosuvastatin

18.A. Functional Limitations

Ambulation, Amputation, Endurance

18.B. Activities Permitted

Wheelchair, Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: After undergoing Bypass right calf and toes amputation, 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:

Start of care completed with consent signed by the patient. Patient is a 70-year-old male with a significant past medical history of diabetes mellitus requiring insulin therapy, osteomyelitis of the right ankle/foot with recent right toe amputations, left below-knee amputation with prosthesis use, history of blood clot, hyperlipidemia, asthma, COPD, and chronic pain associated with left lower extremity BKA. Patient also recently underwent bypass surgery to the right calf. Patient remains homebound due to impaired mobility, lower extremity weakness, amputation status, need for wheelchair and walker assistance, fall risk, and the considerable and taxing effort required to leave the home safely. Patient requires one-person assistance and assistive devices to prevent accidental falls during mobility. Patient was alert and oriented x3-4 during assessment. Right lower extremity dependent edema was noted. Patient resides with his girlfriend in a second-floor apartment with elevator access. Prior to recent decline, patient was independent with mobility using left lower extremity prosthesis and cane. Currently, patient primarily utilizes a wheelchair for indoor mobility except within the kitchen area and ambulates short distances indoors and outdoors using left lower extremity prosthesis and rolling walker. Physical therapy evaluation revealed patient is independent with bed mobility and requires supervision for toilet and bed transfers. Patient ambulates approximately 20 feet with rolling walker and left lower extremity prosthesis under supervision with verbal cueing for upright posture and gait safety. Tinetti balance assessment score was 13/28, indicating high fall risk. Therapist did not assess stairs, community mobility, or car transfers during this visit. Skilled physical therapy services are medically necessary to improve strength, endurance, gait mechanics, balance, transfer safety, and functional mobility with goal of maximizing independence and reducing fall risk. Occupational therapy evaluation noted patient is independent with basic self-care tasks and light homemaking activities; however, deficits remain in functional mobility, endurance, safety, and ADL performance due to recent right foot amputations, left BKA, and overall mobility limitations. Patient is currently sponge bathing while awaiting installation of bathroom grab bars within the apartment for improved shower safety. Occupational therapy recommended every other week for 12 weeks to address ADL retraining, therapeutic exercise, home exercise program instruction, homemaking tasks, functional mobility, adaptive strategies, and home safety training. Patient continues to require skilled nursing services for ongoing assessment and management of osteomyelitis status post toe amputations, diabetic management with insulin therapy, cardiopulmonary monitoring related to COPD and asthma, edema monitoring, medication management, pain assessment, skin integrity monitoring, fall prevention education, and reinforcement of safety precautions. Continued interdisciplinary home health services are indicated to improve functional independence, reduce risk for complications and rehospitalization, and support safe mobility within the home environment.
 Date of Order 05/06/2026 Orders Physician Face-to-Face Date: 05/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA due to Bypass right calf and toes amputation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/06/2026

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 : 05/01/2026

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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style="font-size: 14px;">
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Capasso, Justin

SN Careplans

SN WK1: 1 (05/06/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 2 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK8: 1 (06/21/26-06/27/26)

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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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, 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 ; 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.

Left foot wound care cleanse with NSS pat dry apply abd pad wrap with kerlix and secure with tape. Change every 3 days. Supplies to order: kerlix, ace wrap 4x4, abd pads, NSS, gloves M
Advance Directive:Na

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, swelling of affected area, limited range of motion, limited endurance, limited strength, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit, swell/redness surround. skin, rough/scaly/cracked skin, #1 - Observable Surgical Wound - Anterior Right Foot - Right foot toes amputations with wound and stitches visible, red/tender pressure points, open sores/lesions

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Foot - Right foot toes amputations with wound and stitches visible, cough/deep breathing exercises, physician-ordered wound care: Left foot wound care cleanse with NSS pat dry apply abd pad wrap with kerlix and secure with tape. Change every 3 days. Supplies to order: kerlix, ace wrap 4x4, abd pads, NSS, gloves M, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all

SN Goals

PATIENT-STATED GOAL: For wound to heal

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
* 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
* 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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/06/2026

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meals, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (05/06/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 2 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26) ,WK9: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sidelying hip abduction. Prone knee flexion, hip extension. Standing right knee flexion, hip abduction, hip extension, squats. Sitting knee extension, right ankle pumps., gait training/stair 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To return to walking with a cane by myself

GOALS
Toilet Transfer - 06. Independent

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

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

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

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (05/06/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK4: 1 (05/24/26-05/30/26) ,WK6: 1 (06/07/26-06/13/26) ,WK8: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, home exercise program: Red theraband: bilateral shoulder flex, abd, horizontal abd/add, elbow flex/ext 2x10 reps, equipment training, work simplification/energy conservation, transfers training: Tub, toilet

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: To get stronger

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans

HHA WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26)

HHA Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/06/2026