# Home Health Certification and Plan of Care

**Order ID: 1150/18466**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 36156887 | 05/01/2026 | From: 05/01/2026 To: 06/29/2026 | 25350 | 217058 |

**6. Patient's Name and Address**

George Williams
501 Dolphin Street Apt 701,
BALTIMORE, MD 21217-
443-208-6245

**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** 09/25/1961 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I87.2 | Venous insufficiency (chronic) (peripheral) | 05/01/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| L97.929 | Non-prs chronic ulc unsp prt of l low leg w unsp severity | 05/01/26 |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy unsp | 05/01/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 05/01/26 |
| N18.9 | Chronic kidney disease u | 05/01/26 |
| D63.1 | Anemia in chronic kidney disease | 05/01/26 |
| E11.51 | Type 2 diabetes w diabetic peripheral angiopath w/o gangrene | 05/01/26 |
| I11.0 | Hypertensive heart disease with heart failure | 05/01/26 |
| I50.9 | Heart failure unspecified | 05/01/26 |
| G31.84 | Mild cognitive impairment of uncertain or unknown etiology | 05/01/26 |
| G40.909 | Epilepsy unsp not intractable without status epilepticus | 05/01/26 |
| E78.5 | Hyperlipidemia unspecified | 05/01/26 |
| M10.9 | Gout unspecified | 05/01/26 |
| E66.813 | Other obesity | 05/01/26 |
| Z79.82 | Long term (current) use of aspirin | 05/01/26 |
| Z79.4 | Long term (current) use of insulin | 05/01/26 |
| Z60.2 | Problems related to living alone | 05/01/26 |

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

RBC-SCAN 1 each Test blood sugar 3 times per day or as directed
Cozaar - Losartan Potassium 100mg by mouth once a day
Esomeprazole Sodium - Esomeprazole Sodium 40 mg by mouth twice a day
Crestor - Rosuvastatin Calcium 20mg by mouth once a day
Glucophage - Metformin Hydrochloride 1gm 1000 mg by mouth twice a day
Demadex - Torsemide 5 mg by mouth once a day
ZYLOPRIM 100 MG tablet mouth daily
HYGROTON 25 MG tablet mouth daily
Humalog - Insulin Lispro Recombinant 15 units subcutaneous three times a day
Lantus Insulin - Insulin Glargine Recombinant 42 units subcutaneous once a day

**14. DME and Supplies:**

walker, hand held shower, diabetic supplies

**15. Safety Measures:**

walker precautions, standard precautions, diabetic precautions, fall precautions, ambulates with device,

**16. Nutrition:**

low sodium, diabetic,

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Ambulation,

**18.B. Activities Permitted**

Walker, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 4. Always, 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 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:**

Patient is homebound due to chronic kidney disease, peripheral artery disease, seizure disorder, chronic venous wounds, type 2 diabetes mellitus, hypertension, and unsteady gait, placing the patient at increased risk for falls. Patient ambulates with the use of an assistive device and requires human assistance when leaving the home. Gait remains unsteady during ambulation. Skilled nursing assessment completed. Patient was alert and oriented x3 during the visit. Skin assessment revealed dry, scaly, raised patches present on bilateral extremities. Patient denied pain at the time of assessment but reported experiencing intermittent pain throughout the day. RN educated the patient on the importance of using the assistive device at all times during ambulation to reduce fall risk and promote safety. Continued skilled nursing services are required for ongoing assessment, disease management, fall prevention, skin monitoring, and patient education. <br> Date of Order 05/01/2026 Orders Physician Face-to-Face Date: 04/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: chronic venous wounds, difficulty leaving the house due to leg swelling, skilled nursing for medication and disease management and wound care. due to 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 <br> 1 - SOC - SN Notes: soc <br> Physician Gerbino, Jeffrey

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 05/01/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Jeffrey Gerbino
822 Linden Avenue
Baltimore, MD 21201
PHONE: 410-856-3660 FAX: 14102258938 NPI: 1407115348

**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 : 04/27/2026

**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.

# Home Health Certification and Plan of Care

**Order ID: 1150/18466**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 36156887 | 05/01/2026 | From: 05/01/2026 To: 06/29/2026 | 25350 | 217058 |

6. Patient's Name and Address
George Williams
501 Dolphin Street Apt 701,
BALTIMORE, MD 21217-
443-208-6245

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

SN WK1: 1 (05/01/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/28/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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

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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, D0700 - Social Isolation, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, dark-colored urine, swelling of affected area, limited strength, pain radiating to arms/legs, extremity burn/tingle/numb, weak hand grips, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, obesity, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services

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 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-STATED GOAL: To walk better

GOALS
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 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/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

Signature of Physician:

Date



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

Date
05/01/2026