Home Health Certification and Plan of Care

Order ID: 1150/18713

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4NT5G20YG58	05/15/2026	From: 05/15/2026 To: 07/13/2026	25714	217058

6. Patient's Name and Address

Westford Smith
4111 Callaway Avenue,
Baltimore, MD 21215-
410-522-8722

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 12/28/1938 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	05/15/26

13. ICD	Other Pertinent Diagnoses	Date
I44.0	Atrioventricular block first degree	05/15/26
I10.	Essential (primary) hypertension	05/15/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/15/26
D64.9	Anemia unspecified	05/15/26
E78.5	Hyperlipidemia unspecified	05/15/26
G54.6	Phantom limb syndrome with pain	05/15/26
Z79.4	Long term (current) use of insulin	05/15/26
Z95.0	Presence of cardiac pacemaker	05/15/26
Z85.030	Personal history of malignant carcinoid tumor of lg int	05/15/26
Z89.612	Acquired absence of left leg above knee	05/15/26
Z89.511	Acquired absence of right leg below knee	05/15/26

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

BRIMONIDINE TARTRATE Ophthalmic Solution 0.2% / Instill 1 drop both eyes twice a day for glaucoma
LATANOPROST Ophthalmic Solution 0.005 % / Instill 1 drop both eyes at bedtime for glaucoma
TIMOLOL Ophthalmic Solution 0.5 % / Instill 1 drop both eyes twice a day for glaucoma
Buspirone Hcl - Buspirone Hydrochloride 5 mg / 1 Tablet by mouth twice a day for Anxiety
FEROSUL 325 (65 Fe) mg / 1 Tablet by mouth once a day for supplement
Flomax - Tamsulosin Hydrochloride 0.4 mg/capsule / Give 2 capsule by mouth once a day for benign prostatic hyperplasia
GABAPENTIN 300 mg capsule by mouth twice a day for neuropathy
Glycolax - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth once a day for constipation Mix well in a full glass (120-240 ml or 4-8 oz) of water, juice, soda, coffee or tea prior to administration
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 100 mg / 1 Tablet by mouth once a day for HTN
Nifedipine Er - Nifedipine Extended Release 24 Hour 30 mg / 1 Tablet by mouth once a day for hypertension
SIMVASTATIN 40 mg tablet by mouth at bedtime for Hyperlipidemia
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Tablet by mouth once a day for supplement
Tab-A-Vite (Multiple Vitamin) 1 Tablet by mouth once a day for Vitamin Deficiency, unspecified
Insulin Lispro 100 UNIT/ML subcutaneous before meal and at bedtime for DM. Inject as per sliding scale: if 0 - 200 = 0UNITS; if 201 - 250 = 2UNITS; if 251 - 300 = 4UNITS; if 301 - 350 = 6UNITS; 351 - 400 = 8UNITS call MD for Bs less than 60 or greater than 400
LANTUS Subcutaneous Solution 100UNIT/ML / Inject 22 unit subcutaneous at bedtime for DM

14. DME and Supplies:

wheelchair, walker, hospital bed, diabetic supplies, cane, commode,

15. Safety Measures:

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

16. Nutrition:

low sodium, , cardiac diet, diabetic, low cholesterol

17. Allergies:

sulfa drugs!actos metformin

18.A. Functional Limitations

Endurance, Amputation

18.B. Activities Permitted

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: 1. Dependent - A helper completed all the activities for the patient.

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 an 87-year-old male with a past medical history significant for diabetes mellitus requiring insulin therapy, hypertension, peripheral vascular disease, hyperlipidemia, anxiety, urinary and vision issues, vitamin D deficiency, atrioventricular block status post pacemaker placement, right below-knee amputation, and left above-knee amputation. The patient resides with his wife in a two-story home with a first-floor setup and uses a wheelchair for primary mobility, a right lower extremity prosthesis for transfers, and a portable ramp for home access; he has not ambulated in several years and is unable to use his left prosthesis. The patient was recently hospitalized for pacemaker placement on 4/3, with a subsequent rehospitalization on 4/16 due to pain and weakness, followed by rehabilitation stay. At the time of home health admission, the patient was alert, stable, and denied chest pain, urinary discomfort, abnormal bleeding, or respiratory issues. No wounds were noted, bowel and urinary function were stable, and hydration status appeared adequate. The patient demonstrated proper blood glucose monitoring technique, and medications, including insulin therapy, were reviewed with the patient and caregiver for understanding and compliance. The patient remains homebound due to bilateral lower extremity amputations requiring one-person supervision and the taxing effort associated with leaving the home. Physical therapy evaluation determined the patient had returned to baseline functional status, demonstrating independence with wheelchair mobility and transfers; therefore, no further skilled PT services were indicated. Occupational therapy evaluation noted the patient performs dressing and sponge bathing in bed with setup assistance and remains independent with bed, toilet, and wheelchair transfers. Education was provided regarding residual limb desensitization techniques for phantom pain management, and the patient's wife declined further OT services, reporting the patient is functioning at baseline. Continued skilled nursing services are medically necessary for cardiopulmonary assessment, diabetic management, medication education, pacemaker monitoring, and ongoing safety assessment.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/15/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/30/2026
 Clinical Condition Requiring Home Care per Certifying Physician: Discharging to home on 05/12/2026 with home health skilled nursing for medication management and PT/OT to evaluate and treat and HHA to assist with ADLs DX: Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
 Homebound Status per

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Joleen Liburd
500 Upper Chesapeake Dr
Bel Air, MD 21014
PHONE: 4106532290 FAX: 14106538785 NPI: 1134423866

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 : 04/30/2026

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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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:
 PT Eval Notes:
 OT Eval Notes: <o:p></o:p> Physician: Liburd, Joleen

SN Careplans

SN WK1: 1 (05/15/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK4: 1 (05/31/26-06/06/26) ,WK6: 1 (06/14/26-06/20/26) ,WK8: 1 (06/28/26-07/04/26) ,WK10: 1 (07/12/26-07/13/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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; 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.

No open wounds noted
Advance Directive:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102d - Caregiver Performs Treatment, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, constipation, urine retention, limited strength, extremity burn/tingle/numb, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient unable to state at this time

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient is adequately supervised

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (05/15/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer

PROCEDURES: wheelchair training, home exercise program: Review hep pt seated knee ext on right, hip flex, hip abd 1x15, transfers training

PT Goals

PATIENT-STATED GOAL: Pt states he is at his baseline

Signature of Physician:

Date

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

Date
05/15/2026

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OT Careplans

OT WK1: 1 (05/15/26-05/16/26)

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

PROCEDURES: transfers training: Toilet, bed to/from wheelchair

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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/15/2026