Home Health Certification and Plan of Care

Order ID: 1150/19091

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5H44WP3NY72	05/29/2026	From: 05/29/2026 To: 07/27/2026	26249	217058

6. Patient's Name and Address

Susan Levacher
2903 DUNMORE ROAD APT D,
DUNDALK, MD 21222
443-570-1472

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 04/07/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	05/29/26

13. ICD	Other Pertinent Diagnoses	Date
Z89.421	Acquired absence of other right toe(s)	05/29/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/29/26
I50.32	Chronic diastolic (congestive) heart failure	05/29/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/29/26
N18.32	Chronic kidney disease stage 3b	05/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/29/26
M10.9	Gout unspecified	05/29/26
J45.909	Unspecified asthma uncomplicated	05/29/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	05/29/26
E03.9	Hypothyroidism unspecified	05/29/26
E78.5	Hyperlipidemia unspecified	05/29/26
I25.2	Old myocardial infarction	05/29/26
D86.9	Sarcoidosis unspecified	05/29/26
D12.8	Benign neoplasm of rectum	05/29/26
E66.812	Obesity class 2 (E66.812	05/29/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/29/26
Z85.828	Personal history of other malignant neoplasm of skin	05/29/26
Z86.718	Personal history of other venous thrombosis and embolism	05/29/26
Z79.82	Long term (current) use of aspirin	05/29/26
Z79.01	Long term (current) use of anticoagulants	05/29/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/29/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	05/29/26
Z79.4	Long term (current) use of insulin	05/29/26
Z79.890	Hormone replacement therapy	05/29/26

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

Tylenol - Acetaminophen 325 mg/tablet / Take 2 tablets by mouth every 4 hours as needed (pain). Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.
Zyloprim - Allopurinol 100 mg/tablet / Take 200 mg by mouth once a day Patient taking differently: Take 100 mg by mouth daily. Take 2 tablets by mouth daily
Lipitor - Atorvastatin Calcium 80 mg / 1 Tablet by mouth once a day
Coreg - Carvedilol 25 mg / 1 Tablet by mouth twice a day with meals.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Capsule by mouth once a day
Farxiga - Dapagliflozin Propanediol 5 mg tablet by mouth in the morning
Zetia - Ezetimibe 10 mg / 1 Tablet by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth every other day
Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg tablet by mouth once a day
Synthroid - Levothyroxine Sodium 112 mcg tablet by mouth once a day before breakfast.
Renagel - Sevelamer Hydrochloride 800 mg tablet by mouth three times a day with meals.
Diovan - Valsartan 320 mg tablet by mouth once a day
Lantus Solostar - Insulin Glargine Recombinant 100 unit/mL / Inject 20 Units into the skin subcutaneous in the evening
Novolog - Insulin Aspart Recombinant FLEXPEN 100 UNIT/ML / Inject 10-16 units subcutaneous three times a day before meals per scale provided. Maximum dose 54 units daily.

14. DME and Supplies:

walker, wound care supplies, diabetic supplies

15. Safety Measures:

ambulates with device, emergency phone # clearly displayed, smoke detectors , walker precautions, medication safety, ambulates with assistance, standard precautions, fall precautions, diabetic precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillins cefepime sulfa antibiotic

18.A. Functional Limitations

Endurance, Ambulation, Amputation

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

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

SN and PT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status: Due to diagnosis of Encounter for orthopedic aftercare following surgical 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: <p class="MsoNoSpacing">The patient is a 70-year-old female with a past medical history significant for Type 2 diabetes mellitus, chronic kidney disease, hypertension, gout, heart failure, transient ischemic attack, asthma, hyperlipidemia, NSTEMI, coronary artery disease, Charcot foot, deep vein thrombosis, thyroid disorder, and skin cancer. She was recently hospitalized for a right second toe infection requiring partial amputation and has since been discharged home, where she resides with her significant other, who serves as her primary caregiver. The patient is alert and oriented 4, with vital signs within normal limits and no acute distress noted. Surgical assessment of the right second toe revealed no signs or symptoms of infection, including absence of redness, warmth, drainage, or foul odor, and wound care orders are pending. Prior to hospitalization, the patient was independent with basic self-care, transfers, and community ambulation using an assistive device. Currently, she presents with impaired balance, gait dysfunction, lower extremity weakness, decreased standing balance and tolerance, reduced bilateral upper extremity strength, and deficits in transfers, bed mobility, stair negotiation, and functional ambulation. She ambulates with a walker, is weight-bearing as tolerated to the right lower extremity, and demonstrates a high fall risk as evidenced by a Tinetti score of 10/28. The patient requires contact guard assistance to safely exit the home and is considered homebound due to impaired mobility, decreased endurance, and increased fall risk. Skilled nursing, physical therapy, and occupational therapy services are recommended for wound monitoring, disease management, medication education, strengthening, balance and mobility training, and improvement of functional independence and safety with ADLs and ambulation. Education was provided regarding diabetic foot care,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mohammad Rahnama
9512 HARFORD ROAD
PARKVILLE, MD 21234
PHONE: 410-665-4400 FAX: 14106612420 NPI: 1952458739

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 : 05/22/2026

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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blood glucose monitoring, medication compliance, fall prevention, proper use of assistive devices, and signs and symptoms requiring physician notification, with both patient and caregiver verbalizing understanding.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/29/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 05/22/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process pt-eval & treat ot:eval & treat hha dx: Encounter for orthopedic aftercare following surgical amputation
 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> OT Eval Notes:<o:p></o:p> Physician: Rahnama, Mohammad

SN Careplans

SN WK1: 1 (05/29/26-05/30/26) ,WK2: 2 (05/31/26-06/06/26) ,WK3: 2 (06/07/26-06/13/26) ,WK4: 2 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26)

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

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: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited endurance, limited strength, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Effect on Sleep, B0200 - Hearing Deficit, balance deficit, obesity, #1 - Observable Surgical Wound - Other - Right second toe -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right second toe -, cough/deep breathing exercises, physician-ordered wound care: Cleanse wound with wound cleaner and pat dry using dry gauze. Apply alginate and wrap with Kerlix wrap every other day and as-needed for soiled dressing, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to heal properly from surgery without difficulty

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
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

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 performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/29/2026

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medication(s) purpose, schedule, patient's transportation needs are met, 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: 2 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26)

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

PROCEDURES: Medication management : Meds reviewed no changes, home exercise program: Laq, hip flexion, lle heelraises, aps bilateral, hip abduction, hamstring curls, dynamic standing balance exercises: To focus on improving gait sequencing, reaction time, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Just to be normal again be able to drive get off the walker if possible.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/31/26-06/06/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26)

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: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, therapeutic exercises: Skilled OT services, equipment training, work simplification/energy conservation, transfers training: Skilled OT services, assist with bathing: Skilled OT services, assist with lower body dressing: Skilled OT services, assist with upper body dressing: Skilled OT 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to drive

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 - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
05/29/2026