Home Health Certification and Plan of Care

Order ID: 1150/19862

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91231951	06/16/2026	From: 06/16/2026 To: 08/14/2026	23107	217058

6. Patient's Name and Address
Harry Cegielski
3420 Sollers Point Road,
Dundalk, MD 21222-
443-586-6784

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 03/02/1948 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	06/16/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	06/16/26
I10.	Essential (primary) hypertension	06/16/26
D50.9	Iron deficiency anemia unspecified	06/16/26
K90.822	Short bowel syndrome without colon in continuity	06/16/26
E03.9	Hypothyroidism unspecified	06/16/26
Z89.511	Acquired absence of right leg below knee	06/16/26
Z89.512	Acquired absence of left leg below knee	06/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/16/26
Z85.048	Prsnl hx of malig neoplm of rectum rectosig junct and anus	06/16/26

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

ATORVASTATIN 40 MG / 1 Tablet by mouth at bedtime for Hyperlipidemia
LOPERAMIDE HYDROCHLORIDE 2 mg/capsule / Give 2 capsule by mouth every 6 hours as needed for diarrhea
JARDIANCE 12.5MG / 1 Tablet by mouth one time a day for kidneys
AMLODIPINE 10 MG / 1 Tablet by mouth one time a day for HTN hold for SBP less than 110 and HR less than 60
LEVOTHYROXINE 75 MCG / 1 Tablet by mouth in the morning for hypothyroidism
ATENOLOL 100 MG / 1 Tablet by mouth one time a day for HTN hold for SBP less than 110 and HR less than 50
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth one time a day for iron deficiency anemia
MULTI-VITAMIN 1 Tablet by mouth one time a day for supplement
Citracal Calcium +D3 Extended Release 24 Hour 600-40-500 MG-MG-UNIT / 1 Tablet by mouth once a day for supplement
CYANOCOBALAMIN 1000 MCG / 1 Tablet by mouth one time a day for supplement
Cholecalciferol 25 MCG (1000 UT) / 1 Tablet by mouth once a day for supplement
Acetaminophen - Acetaminophen 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for pain Do not exceed more than 3 grams per day from all sources
Diphenoxylate Hydrochloride And Atropine Sulfate - Atropine Sulfate: Diphenoxylate Hydrochloride 0.025 mg/5ml;2.5 mg/5ml Take 1 tablet by mouth twice a day Diarrhea
probiotics 10mg, take 1 capsule by mouth once a day Supplement
Lisinopril - Lisinopril 40 mg Take 1 tablet by mouth once a day HTN

14. DME and Supplies:
wheelchair, walker, , grab bars, cane, bath bench,

15. Safety Measures:
O2 precautions, walker precautions, wheelchair precautions, , medication safety, fall precautions, hip precautions, diabetic precautions, , , bathroom safety, bedrails up while in bed, ambulates with device

16. Nutrition:
low sodium

17. Allergies:
hydrochlorothiazide sulfa antibiotics

18.A. Functional Limitations
Ambulation, Amputation

18.B. Activities Permitted
No Restrictions

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: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Bilateral lower extremity 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: Home health services were initiated for a 78-year-old male with a significant past medical history of hypertension, hypothyroidism, type 2 diabetes mellitus, peripheral vascular disease, ulcerative colitis, anemia, short gut syndrome, colostomy, rectal cancer, and bilateral below-knee amputations. The patient was referred to home health following a prolonged hospitalization and rehabilitation stay after treatment for a left foot abscess that initially required a left ankle disarticulation and subsequently progressed to a left below-knee amputation. The patient also has a history of a prior right below-knee amputation. Upon assessment, the patient was alert and oriented to person, place, time, and situation. He denied pain, shortness of breath, dizziness, or other acute complaints. Surgical sites were noted to be well approximated and healing appropriately, with skin intact and no signs of infection or breakdown observed. The patient currently utilizes bilateral lower extremity prostheses and is able to independently transfer between his bed and wheelchair. He can ambulate short distances with the use of a walker; however, he demonstrates gait sequencing deficits, lower extremity weakness, impaired balance, and difficulty with transfers. Balance assessment revealed a Tinetti score of 10/28, indicating a high risk for falls. Prior to his recent hospitalization, the patient was independent with transfers, activities of daily living, sponge bathing, and ambulation using a single-point cane. He resides with his wife and grandson in a two-story home with a first-floor setup and ramped entrance. His wife serves as his primary caregiver and provides assistance as needed. The patient expressed a goal of improving confidence, lower extremity strength, balance, and overall walking ability to maximize functional independence. Physical therapy evaluation determined that the patient has good rehabilitation potential and would benefit from skilled home health physical therapy to address lower extremity weakness, gait abnormalities, balance deficits, transfer training, fall prevention, and mobility limitations. Occupational therapy evaluation revealed that the patient is currently functioning independently at wheelchair level for self-care activities, functional transfers, and mobility tasks; therefore, no additional occupational therapy services are warranted at this time beyond the evaluation visit. The plan of care includes continued skilled physical therapy intervention to improve safety, mobility, strength, balance, and functional independence while reducing fall risk and supporting the patient's goal of achieving the highest possible level of function within the home environment.
 Date of Order 06/16/2026 Orders Physician Face-to-Face Date: 06/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Bilateral lower extremity

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rosina Shrestha
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1760895346

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 : 06/02/2026

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: 1150/19862

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91231951	06/16/2026	From: 06/16/2026 To: 08/14/2026	23107	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Harry Cegielski 3420 Sollers Point Road, Dundalk, MD 21222- 443-586-6784	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

amputation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Shrestha, Rosina

SN Careplans

SN WK1: 1 (06/16/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26)

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: 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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, balance deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: To be as functional as possible

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (06/16/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26) ,WK6: 1 (07/19/26-07/25/26) ,WK7: 1 (07/26/26-08/01/26) ,WK8: 1 (08/02/26-08/08/26) ,WK9: 1 (08/09/26-08/14/26)

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 : Review medication with pt and caregiver, home exercise program: Seated hip flexion, extension, abd, AD strengthening, seated knee flexion and extension with manual resistance, as tolerated progress to standing hip

PT Goals

PATIENT-STATED GOAL: . Pt goal is to build Confidence improve le strength, improve balance and walking.

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/16/2026

Home Health Certification and Plan of Care

Order ID: 1150/19862

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
91231951	06/16/2026	From: 06/16/2026 To: 08/14/2026	23107	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Harry Cegielski 3420 Sollers Point Road, Dundalk, MD 21222- 443-586-6784	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

flexion, extension, abduction with bil ue support., equipment training: Potentially train on a,b with spc as pt progresses, equipment training: Potentially train on amb with spc as pt progresse over even surfaces s, dynamic standing balance exercises: Work static and dynamic balance processing front single to no ue support work wt shifting reaching outside bos standing varied bos hands in prayer or holding ball moving it through superior inferior planes, rotational planes, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 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

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 WK1: 1 (06/16/26-06/20/26)

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

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 - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Evaluation only

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 - 02. Substantial/maximal assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/16/2026