Home Health Certification and Plan of Care

Order ID: 1150/20127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
69118925	06/28/2026	From: 06/28/2026 To: 08/26/2026	27271	217058

6. Patient's Name and Address
Darrell T Harris
411 Seagull Ave,
Brooklyn, MD 21225-
410-913-5674

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 10/28/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	06/28/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	06/28/26
E11.621	Type 2 diabetes mellitus with foot ulcer	06/28/26
L97.525	Non-prs chr ulc oth prt l foot with msl invl w/o evd of necr	06/28/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/28/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/28/26
N18.5	Chronic kidney disease stage 5	06/28/26
D63.1	Anemia in chronic kidney disease	06/28/26
E78.5	Hyperlipidemia unspecified	06/28/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/28/26
K59.03	Drug induced constipation	06/28/26
T40.2X5D	Adverse effect of other opioids subsequent encounter	06/28/26
Z79.4	Long term (current) use of insulin	06/28/26
Z79.82	Long term (current) use of aspirin	06/28/26
Z89.511	Acquired absence of right leg below knee	06/28/26

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

HYDRALAZINE 50 mg/tablet / Give 2 tablet by mouth three times a day for HTN
Metoprolol Succinate - Metoprolol Succinate ER 50 MG / 1 Tablet by mouth one time a day for HTN
SENNOSIDES 8.6 mg/tablet / Give 2 tablet by mouth two times a day for constipation hold for loose stool
FOLIC ACID 1 MG / 1 Tablet by mouth one time a day for Acute on chronic severe anemia
EZETIMIBE 10 MG / 1 Tablet by mouth one time a day for HLD
Sodium Bicarbonate - Sodium Bicarbonate 650 MG / 1 Tablet by mouth three times a day for HTN
Iron - Ferrous Sulfate: Folic Acid 6.5/125mg by mouth once a day Supplement
Miralax - Polyethylene Glycol 3350 17 g packet, Take 1 packet by mouth as necessary Constipation
Calcitriol - Calcitriol 0.25mcg 0.25 mcg by mouth once a day
Darbepoetin Alfa Injection Solution Prefilled Syringe 60 MCG/0.3ML / Inject 1 syringe subcutaneous in the morning every Tue for chronic anemia
Basaglar - Insulin Glargine Ss subcutaneous before meal and at bedtime. Inject as per sliding scale: if 0 - 150 = 0 Units; 151 - 200 = 2 Units; 201 250 = 4 Units; 251 - 300 = 6 Units; 301 - 350 = 8 Units; 351 - 400 = 10 Units > 400 Notify MD for additional orders, for sliding scale insulin coverage for diabetes must take finger stick blood glucose prior to administration
Betadine - Povidone-Iodine - topical once a day Wound care

14. DME and Supplies:
cane, walker, wheelchair, diabetic supplies, , wound care supplies, commode

15. Safety Measures:
diabetic precautions, fall precautions, supervision at all times, standard precautions, transfer with assist, walker precautions, medication safety, bathroom safety, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
low cholesterol, low sodium, diabetic, , ,

17. Allergies:
statins chives

18.A. Functional Limitations
Ambulation, Amputation, Endurance!Paralysis

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: Fair

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
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Right below-knee 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 (SOC) visit completed. All required consents were reviewed and signed by the patient. The patient is a 75-year-old male who resides at home with his wife, Sharon, who serves as his primary caregiver and provides continuous assistance with daily care and mobility needs. The patient is homebound due to peripheral arterial disease (PAD), status post right below-knee amputation (BKA), insulin-dependent Type 2 diabetes mellitus, and a left plantar foot wound requiring ongoing skilled wound care. His functional limitations require the use of a wheelchair and one-person assistance for all transfers, making it a taxing effort to leave the home safely and placing him at increased risk for falls. Past medical history is significant for orthopedic aftercare following right below-knee amputation performed on May 18, 2026; Type 2 diabetes mellitus with diabetic peripheral angiopathy, Type 2 diabetes mellitus with foot ulcer, non-pressure ulcer of the left foot, hypertensive chronic kidney disease, chronic kidney disease, anemia, drug-induced constipation secondary to opioid use, and long-term insulin and aspirin therapy. Following surgery, the patient remained hospitalized until May 26, 2026, before transferring to Autumn Lake Rehabilitation for approximately 30 days. He subsequently returned home. Prior to surgery, the patient was independently ambulating with a cane in April 2026; however, according to his spouse, his functional status declined rapidly. He is now non-ambulatory. The patient reported one fall within the past two months and three falls within the past year. The patient spends the majority of the day in the living room, utilizing a wheelchair for mobility and sleeping in a recliner due to his inability to access the second-floor bedroom and bathroom. A newly installed wheelchair ramp provides access to the home. The patient is alert and oriented 3-4, denies pain, and rates pain as 0/10. He denies dysuria, abdominal discomfort, and other acute complaints. His appetite is reported as good. Last bowel movement occurred on Friday, with no associated gastrointestinal complaints. The patient reports chronic difficulty maintaining sleep. Transfers require one-person assistance utilizing a transfer board for safety. Durable medical equipment available in the home includes a wheelchair, walker, cane, prosthetic brace for the right BKA, glucometer, and a bedside commode with drop-down arm, which was confirmed during the visit to be scheduled for delivery later the same day. Although a hospital bed has been ordered, the patient and caregiver elected to delay delivery at this time. Assessment of the left plantar foot revealed necrotic tissue requiring ongoing skilled wound management. Wound care was performed according to physician orders by cleansing the wound with wound cleanser, patting dry, applying Betadine, covering with an ABD pad, and securing with rolled gauze and tape. The patient and caregiver were instructed on proper wound care techniques, signs and symptoms of infection, pressure relief measures, diabetic foot care, and the importance of adhering to the prescribed wound care regimen. Due to the presence of diabetes and impaired circulation, continued skilled nursing is medically necessary to monitor wound healing, prevent infection, and reduce the risk of further complications. Diabetes management was reviewed in detail, including insulin administration, sliding scale insulin instructions, blood glucose monitoring, recognition and management of hypo- and hyperglycemia, medication compliance, and adherence to a diabetic diet. The patient demonstrated use of his glucometer, and a random post-breakfast

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Christelle Nong Libend
1701 Twin Springs Road
Halethorpe, MD 21227
PHONE: FAX: NPI: 1780096446

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 : 06/18/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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blood glucose reading was 162 mg/dL. Medication reconciliation was completed, and medications were reviewed with the patient and caregiver. A home health calendar was completed and reviewed as a visual aid for scheduled <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> and appointments. The patient has upcoming appointments with ophthalmology on July 13, urology on September 11, and podiatry on July 27. Skilled Nursing services were initiated with a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for 1 week, with the registered nurse to reassess and adjust visit frequency based on the patient's clinical status and wound progression. Physical therapy evaluation identified significant impairments including decreased lower extremity strength, decreased functional mobility, inability to ambulate or negotiate stairs, impaired transfers, decreased balance, history of multiple falls, decreased safety awareness, and high fall risk. These impairments substantially limit the patient's independence and mobility. The patient will benefit from skilled home physical therapy to improve strength, transfer ability, wheelchair mobility, balance, functional mobility, safety awareness, and preparation for future prosthetic training. Due to the current left plantar foot wound, therapy will initially be provided intermittently while wound healing progresses, with plans to increase frequency once the wound has improved and prosthetic training becomes appropriate. The patient and caregiver agreed with the proposed plan of care. Occupational therapy evaluation further identified decreased independence with both basic and instrumental activities of daily living due to impaired mobility, inability to safely access the second-floor bathroom and bedroom, impaired balance, decreased transfer ability, and increased fall risk. The patient requires moderate assistance with activities of daily living and transfers. Skilled occupational therapy is medically necessary to improve upper extremity strength, functional activity tolerance, transfer safety, balance, adaptive techniques, and overall independence within the home environment while reducing fall risk and preventing further functional decline. Following the visit, communication was completed with the occupational therapist to coordinate the interdisciplinary plan of care. The patient remains homebound due to non-ambulatory status following right below-knee amputation, left foot wound requiring ongoing treatment, dependence on wheelchair mobility, need for caregiver assistance with transfers, and significant risk for falls. Continued skilled nursing, physical therapy, and occupational therapy services are medically necessary to promote wound healing, improve mobility and functional independence, reinforce disease management education, prevent complications, and reduce the risk of hospitalization.
 Date of Order 06/28/2026 Orders Physician Face-to-Face Date: 06/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Right below-knee 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 OT Eval Notes: PT Eval Notes:
 Physician Nong Libend, Christelle

SN Careplans

SN WK1: 2 (06/28/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26)

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; 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 plantar Wound care orders: cleanse with wound cleanser pat dry apply betadine daily.
Advance Directive:Advanced Directive SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, swelling in the arms/legs,

SN Goals

PATIENT-STATED GOAL: Increase strength

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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/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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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abnormal BS < 70/140 > mg/dL, constipation, frequent urination, limited endurance, swelling of affected area, B1000 - Vision Deficit, balance deficit, open sores/lesions, #1 - 5 - Unstageable due to non-removable dressing, slough or eschar. - Posterior Left Heel - , Blood sugar

PROCEDURES: physician-ordered wound care: #1 - 5 - Unstageable due to non-removable dressing, slough or eschar. - Posterior Left Heel -, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Left foit plantar Wound care orders: cleanse with wound cleanser pat dry apply betadine daily., glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired: Wear Eye glasses

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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 administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 2 (06/28/26-07/04/26) ,WK3: 1 (07/12/26-07/18/26) ,WK6: 1 (08/02/26-08/08/26) ,WK7: 1 (08/09/26-08/15/26) ,WK8: 1 (08/16/26-08/22/26) ,WK9: 1 (08/23/26-08/26/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: wheelchair training, home exercise program: Supine- L ankle pump, quad set, gluteal set, heel slide, SLR, Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, hip flex, hip abd, hip ext, L leg curls., static standing balance exercises: Pt to be able to maintain static standing balance with walker, gait training/stair training: Hopping with walker, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: I want to be able to walk, and get up and down my steps

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

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

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (06/28/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26)

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, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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 - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Want to get up and about, use toilet, stair

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 - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/28/2026

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HHA Careplans

HHA WK2: 2 (07/05/26-07/11/26) ,WK3: 2 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26) ,WK7: 1 (08/09/26-08/15/26)

HHA Goals

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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