

Home Health Certification and Plan of Care				Order ID: 1150/20189	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
97278969		05/06/2026		From: 07/05/2026 To: 09/02/2026	
				4. Medical Record No.	
				25512	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Warren Lee 2614 Pennsylvania Ave Apt 211, BALTIMORE, MD 21217- 443-799-7012			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
07/07/1955			Male		
11. ICD			Date		
Z47.89			05/06/26		
13. ICD			Date		
E11.69			05/06/26		
M86.171			05/06/26		
J44.9			05/06/26		
D64.9			05/06/26		
E11.65			05/06/26		
E78.5			05/06/26		
E11.51			05/06/26		
Z79.01			05/06/26		
Z79.02			05/06/26		
Z79.82			05/06/26		
Z79.4			05/06/26		
Z79.891			05/06/26		
Z89.512			05/06/26		
Z89.411			05/06/26		
14. DME and Supplies:			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
walker, diabetic supplies, wound care supplies			ASPIRIN Low Dose Chewable 81 mg / 1 Tablet by mouth one time a day for pain Breyana Inhalation Aerosol 160-4.5 mcg/act / 2 puff inhale orally by mouth twice a day for shortness of breath MELATONIN 5 mg / 1 Capsule by mouth at bedtime for Sleep-aid Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Capsule by mouth every 6 hours as needed for moderate to severe pain Extra Strength Tylenol - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth two times a day for Pain management Pravastatin - Pravastatin Sodium 40mg by mouth at bedtime HLD Lyrica - Pregabalin 75 mg 1 by mouth twice a day For pain and seizure activity Albuterol Sulfate - Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT / 2 puff inhale orally every 6 hours as needed for Shortness of breath Humalog - Insulin Lispro Recombinant 100 unit/mL, 3u intramuscular three times a day Inject as per sliding scale: if 150 - 200 = 2; if 201 - 250 = 4; if 251 - 300 = 8; if 301 - 350 = 10; 351 - 400 = 12 if blood glucose <70 or >400 notify provider. for diabetic Humulin 70/30 Pen - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 28u AM subcutaneous in the morning		
15. Safety Measures:			supervision at all times, standard precautions, walker precautions, bathroom safety, activity supervision, ambulates with assistance, ambulates with device		
16. Nutrition:			17. Allergies:		
diabetic, low sodium			rosuvastatin		
18.A. Functional Limitations			18.B. Activities Permitted		
Amputation, Endurance			Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Encounter for other orthopedic aftercare, 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: <div>Start of care completed with consent signed by the patient. Patient is a 70-year-old male with a significant past medical history of diabetes mellitus requiring insulin therapy, osteomyelitis of the right ankle/foot with recent right toe amputations, left below-knee amputation with prosthesis use, history of blood clot, hyperlipidemia, asthma, COPD, and chronic pain associated with left lower extremity BKA. Patient also recently underwent bypass surgery to the right calf. Patient remains homebound due to impaired mobility, lower extremity weakness, amputation status, need for wheelchair and walker assistance, fall risk, and the considerable and taxing effort required to leave the home safely. Patient requires one-person assistance and assistive devices to prevent accidental falls during mobility. Patient was alert and oriented x3-4 during assessment. Right lower extremity dependent edema was noted. Patient resides with his girlfriend in a second-floor apartment with elevator access. Prior to recent decline, patient was independent with mobility using left lower extremity prosthesis and cane. Currently, patient primarily utilizes a wheelchair for indoor mobility except within the kitchen area and ambulates short distances indoors and outdoors using left lower extremity prosthesis and rolling walker. Physical therapy evaluation revealed patient is independent with bed mobility and requires supervision for toilet and bed transfers. Patient ambulates approximately 20 feet with rolling walker and left lower extremity prosthesis under supervision with verbal cueing for upright posture and gait safety. Tinetti balance assessment score was 13/28, indicating high fall risk. Therapist did not assess stairs, community mobility, or car transfers during this visit. Skilled physical therapy services are medically necessary to improve strength, endurance, gait mechanics, balance, transfer safety, and functional mobility with goal of maximizing independence and reducing fall risk. Occupational therapy evaluation noted patient is independent with basic self-care tasks and light homemaking activities; however, deficits remain in functional mobility, endurance, safety, and ADL performance due to recent right foot amputations, left BKA, and overall mobility limitations. Patient is currently sponge bathing while awaiting installation of bathroom grab bars within the apartment for improved shower safety. Occupational therapy recommended every other week for 12 weeks to address ADL retraining, therapeutic exercise, home exercise program instruction, homemaking tasks, functional mobility, adaptive strategies, and home safety training. Patient continues to require skilled nursing services for ongoing assessment and management of osteomyelitis status post toe amputations, diabetic management with insulin therapy, cardiopulmonary monitoring related to COPD and asthma, edema monitoring, medication management, pain assessment, skin integrity monitoring, fall prevention education, and reinforcement of safety precautions. Continued interdisciplinary home health services are indicated to improve functional independence, reduce risk for complications and rehospitalization, and support safe mobility within the home environment.</div><div> </div><div>Date of Order</div><div>07/01/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 05/01/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA due to Bypass right calf and toes amputation</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>4 - Recertification Notes: The patient is recertified due to continued wound care for great toe amputation, with additional authorization requested for ongoing skilled nursing visits. The patient has a wheelchair with lower extremity amputations, making it a taxing effort to leave the home, and continues to require skilled wound assessment and monitoring, with follow-up scheduled with the vascular surgeon and podiatry.</div><div> </div><div>Physician</div><div>Capasso, Justin</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/01/2026					
24. Physician's Name and Address			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.		
Justin Capasso 815 E Pratt Street Baltimore, MD 21202 PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331			F2F date : 05/01/2026		
27. Attending Physician's Signature and Date Signed			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.		
07/17/2026 Date of physician last face-to-face			PAGE 1 of 2		

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SN WK1: 1 (07/05/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26)			PATIENT-STATED GOAL: For wound to heal		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* how to achieve wound healing including cleaning and dressing wound		
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.			* position changes		
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.			* skin care		
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			* diet modification		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* preventing pressure ulcer recurrence		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			* record wound measurements		
Provide education content at patient's level of health literacy.			* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			patient/caregiver recalls		
Assess: Musculoskeletal status.			* how to manage complications of immobility including		
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			* skin care		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* strength, balance		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* dexterity and range-of-motion therapeutic exercises		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.			* promotion of peripheral circulation		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			* fluid and diet intake to promote healing and prevent constipation		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			patient/caregiver recalls		
Left foot wound care cleanse with NSS pat dry apply abd pad wrap with kerlix and secure with tape. Change every 3 days. Supplies to order: kerlix, ace wrap 4x4, abd pads, NSS, gloves M; 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			* how to achieve wound healing including cleaning and dressing wound		
Advance Directive:Na			* position changes		
PROBLEMS IDENTIFIED ON ASSESSMENT: abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, limited endurance, limited range of motion, balance deficit, red/tender pressure points, open sores/lesions			* skin care		
PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Foot - Right foot toes amputations with wound and stitches visible: Left foot wound care cleanse with NSS pat dry apply abd pad wrap with kerlix and secure with tape. Change every 3 days, cough/deep breathing exercises, physician-ordered wound care: Left foot wound care cleanse with NSS pat dry apply abd pad wrap with kerlix and secure with tape. Change every 3 days. Supplies to order: kerlix, ace wrap 4x4, abd pads, NSS, gloves M, glucose testing via monitor			* diet modification		
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 preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately			* record wound measurements		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			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		
			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		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/01/2026