Home Health Certification and Plan of Care

Order ID: 1150/20577

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87296463	05/18/2026	From: 07/17/2026 To: 09/14/2026	25818	217058

6. Patient's Name and Address

William Mcilwain
6221 The Alemeda,
BALTIMORE, MD 21239-
443-825-0030

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 09/05/1953 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
L97.418	Non-prs chronic ulcer of right heel/midft with oth severity	05/18/26
I10.	Essential (primary) hypertension	05/18/26
E78.5	Hyperlipidemia unspecified	05/18/26
D64.9	Anemia unspecified	05/18/26
M48.02	Spinal stenosis cervical region	05/18/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/18/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/18/26
Z86.19	Personal history of other infectious and parasitic diseases	05/18/26

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

Metformin Hcl - Metformin Hydrochloride Extended Release 24 hour 500 mg / 1 Tablet by mouth at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9)
Atorvastatin - Atorvastatin Calcium 40mg by mouth at bedtime HLD
Amilodipine - Amlodipine Besylate 10mg by mouth in the morning HTN
Lisinopril - Lisinopril 10 mg 10mg by mouth once a day HTN
Aspirin 81Mg - Aspirin 81mg by mouth once a day

14. DME and Supplies:

cane

15. Safety Measures:

supervision at all times, standard precautions, wheelchair precautions, walker precautions, fall precautions, anticoagulant precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low cholesterol, low sodium, diabetic

17. Allergies:

penicillin

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

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: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Type 2 diabetes mellitus with foot ulcer, 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:

Skilled nursing recertification was completed for ongoing left foot wound care. The patient is alert and oriented 3-4, with his wife serving as the primary caregiver. He was seen at the wound care clinic today for a dressing change, and the surgeon reported satisfaction with the wound's progress. The wound care team recommended skilled nursing visits twice weekly, and an antimicrobial silicone dressing was prescribed. Wound care orders include cleansing the wound every two days, patting it dry, applying the antimicrobial silicone dressing, and securing it with a Kerlix wrap. The patient's wife has been instructed on the wound care technique and reports no questions or concerns. The patient denies pain, reports good sleep and appetite, had a bowel movement today, and denies recent falls, abnormal lung sounds, or abnormal bleeding. There have been no changes in insurance coverage, and the patient remains insured through Kaiser Permanente. The patient plans to be on vacation from 7/31 through 8/10. Skilled nursing services remain medically necessary to provide ongoing wound assessment, dressing changes, infection prevention, caregiver education, and monitoring of wound healing. Planned skilled nursing frequency is 1 visit for 1 week, followed by 2 visits per week for 2 weeks, adjusted around the patient's travel schedule.<o:p></o:p>   Date of Order<o:p></o:p> 07/15/2026
Order<o:p></o:p> Physician Face-to-Face Date: 05/11/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Type 2 diabetes mellitus with foot ulcer<o:p></o:p> 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> <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 05/11/2026

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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4 - Recertification SN Notes: due to wound care of the left foot<o:p></o:p> Physician: Watts, Charlotte

SN Careplans

SN WK2: 2 (07/19/26-07/25/26) ,WK3: 2 (07/26/26-08/01/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 10. None of the above

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.

Right lower leg wound cleanse wound with wound cleanser apply xeroform wound gel, cover with gauze and wrap with kerlix secure with tape. Wound size 15.5x6.5x0.4cm, wound bed is flesh/ yellow/; 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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, abnormal blood pressure, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, limited range of motion, limited endurance, balance deficit, open sores/lesions

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Ankle -: cleanse wound with wound cleanser apply xeroform wound gel, cover with gauze and wrap with kerlix secure with tape. Wound size 15.5x6.5x0.4cm, wound bed is flesh/ yellow/, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments,
physician-ordered wound care: cleanse wound with wound cleanser apply xeroform wound gel, cover with gauze and wrap with kerlix secure with tape. Wound size 15.5x6.5x0.4cm, wound bed is flesh/ yellow/

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

SN Goals

PATIENT-STATED GOAL: For wound to resolve

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
* 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

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 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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