Home Health Certification and Plan of Care

Order ID: 1150/20593

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6TY4JY5KA60	07/16/2026	From: 07/16/2026 To: 09/13/2026	28049	217058

6. Patient's Name and Address
Harold Matthews
222 South Augusta Ave Apt 5A,
BALTIMORE, MD 21229-
443-527-4134

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 09/14/1962 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T87.81	Dehiscence of amputation stump	07/16/26

13. ICD	Other Pertinent Diagnoses	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	07/16/26
L97.529	Non-pressure chronic ulcer oth prt left foot w unsp severity	07/16/26
E11.69	Type 2 diabetes mellitus with other specified complication	07/16/26
M86.9	Osteomyelitis unspecified	07/16/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	07/16/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/16/26
I10.	Essential (primary) hypertension	07/16/26
E78.5	Hyperlipidemia unspecified	07/16/26
D64.9	Anemia unspecified	07/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/16/26
E02.	Subclinical iodine-deficiency hypothyroidism	07/16/26
F32.A	Depression unspecified	07/16/26
F17.210	Nicotine dependence cigarettes uncomplicated	07/16/26
Z79.4	Long term (current) use of insulin	07/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/16/26
Z89.431	Acquired absence of right foot	07/16/26
Z89.432	Acquired absence of left foot	07/16/26

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

TYLENOL 325 mg/tablet / Give 2 tablet by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain).
NORVASC 10 MG / 1 Tablet by mouth DAILY FOR BLOOD PRESSURE
LIPITOR 40 MG / 1 Tablet by mouth in the evening For cholesterol
NEURONTIN 300 MG / 1 Capsule by mouth 3 times daily.
COZAAR 50 MG / 1 Tablet by mouth daily For blood pressure
GLUCOPHAGE 1000 MG / 1 Tablet by mouth 2 times daily with meals. For diabetes
PROTONIX Delayed Release 40 MG / 1 Tablet by mouth daily.
SENOKOT 8.6 mg/tablet / Take 2 tablets by mouth 2 times daily.
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 tab by mouth twice a day
Ciprofloxacin - Ciprofloxacin 750 mg by mouth twice a day
NOVOLOG FLEXPEN 100 units/mL / Inject 5 Units into the skin 3 times daily (before meals).
Lantus Solostar - Insulin Glargine Recombinant 100 unit/mL / Inject 15 Units into the skin nightly.
TRIDERM 0.1 % cream / Apply 1 Application to the skin 2 times daily.

14. DME and Supplies:
rolling walker, cane, Cast shoe

15. Safety Measures:
standard precautions, remove environmental barriers, non-weight bearing LLE, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
dalbavancin latex linezolid

18.A. Functional Limitations
Ambulation, Endurance, Amputation

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated, NWB left leg

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: Good

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

Homebound status: Due to diagnosis of Dehiscence of amputation stump, 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: The patient is a 63-year-old with a recent revision of a left transverse metatarsal amputation and Achilles tendon lengthening and currently has an external fixator in place. The patient also recently underwent right foot callus debridement. Past medical history is significant for hypertension, diabetes mellitus, chronic ulcer of the left foot, osteomyelitis, polyneuropathy, hyperlipidemia, anemia, gastroesophageal reflux disease, depression, tobacco use, and bilateral transverse metatarsal amputations. The patient resides alone in a second-floor apartment requiring navigation of nine steps to enter the building and an additional sixteen steps to access the apartment, creating a significant barrier to mobility and community access. During the assessment, the patient ambulated approximately 25 feet twice without an assistive device under supervision but required frequent verbal cueing to utilize the prescribed assistive device and to maintain non-weight-bearing precautions on the left lower extremity. Bed mobility and transfers to the bed, toilet, and chair were completed with supervision. Stair negotiation, outdoor mobility, and car transfer assessments were not performed during this visit. The patient demonstrates impaired functional mobility, decreased safety awareness, and increased fall risk, as evidenced by a Tinetti Balance and Gait Assessment score of 12/28. The patient is considered homebound due to the significant effort required to leave the home, impaired mobility, postoperative weight-bearing restrictions, and the need for assistance with functional mobility. Skilled home therapy services are medically necessary to improve strength, balance, gait, transfer safety, adherence to non-weight-bearing precautions, and overall functional independence with the goal of returning the patient to the highest attainable level of function. Education was provided regarding the importance of using the prescribed assistive device, maintaining non-weight-bearing status on the left lower extremity, and implementing fall prevention strategies to reduce the risk of injury and protect surgical healing. The patient may also require skilled nursing services for ongoing wound assessment and wound care management. Wound photographs were obtained and are available in the medical record for reference.
 Date of Order 07/16/2026 Orders Physician Face-to-Face Date: 07/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: PTeval and treat due to Dehiscence of amputation stump 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 - PT Notes: soc
 Physician Gerbino, Jeffrey

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jeffrey Gerbino
822 Linden Avenue
Baltimore, MD 21201
PHONE: 410-856-3660 FAX: 14102258938 NPI: 1407115348

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 : 07/10/2026

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/16/26-07/18/26) ,WK2: 2 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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:Not Received

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand,

PT Goals

PATIENT-STATED GOAL: To be able to walk across the street to the store

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

Shower/Bathe Self - 05. Setup or clean-up assistance

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
* 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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

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

Oral Hygiene - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/16/2026

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D0160 - Depression, M2102d - Caregiver Performs Treatment, Home Safety, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited endurance, Pain Interference with ADLs, Pain Effect on Sleep, #2 - Non-Observable Surgical Wound - Anterior Left Ankle - , #1 - Non-Observable Surgical Wound - Anterior Left Ankle -

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Right foot : clean with wound cleanser. Place hydrofera foam in wound bed and cover with gauze every other day. Left foot with external fixatore and nonremovable dressing, home exercise program: Supine hip flexion, straight leg raise, hip abduction. Standing on right leg and perform left knee flexion and hip abduction. Sitting knee extension and right ankle pumps, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

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	07/16/2026