Home Health Certification and Plan of Care

Order ID: 1150/20716

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9RC0CE1AE03	07/20/2026	From: 07/20/2026 To: 09/17/2026	28226	217058

6. Patient's Name and Address

Gordon Forster
4980 Mercantile Rd 110,
NOTTINGHAM, MD 21236-
410-215-9596

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 06/09/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	07/20/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/20/26
M62.261	Nontraumatic ischemic infarction of muscle right lower leg	07/20/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/20/26
N18.6	End stage renal disease	07/20/26
D63.1	Anemia in chronic kidney disease	07/20/26
Z99.2	Dependence on renal dialysis	07/20/26
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	07/20/26
K31.84	Gastroparesis	07/20/26
N49.2	Inflammatory disorders of scrotum	07/20/26
F41.9	Anxiety disorder unspecified	07/20/26
I48.91	Unspecified atrial fibrillation	07/20/26
I10.	Essential (primary) hypertension	07/20/26
E78.5	Hyperlipidemia unspecified	07/20/26
I25.5	Ischemic cardiomyopathy	07/20/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/20/26
D68.51	Activated protein C resistance	07/20/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/20/26
Z85.46	Personal history of malignant neoplasm of prostate	07/20/26
Z79.01	Long term (current) use of anticoagulants	07/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/20/26
Z89.612	Acquired absence of left leg above knee	07/20/26
Z95.1	Presence of aortocoronary bypass graft	07/20/26

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

Alogliptin Benzoate 25 MG / 1 Tablet by mouth once a day for Diabetes
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP less than 110 OR HR less than 60
ELIQUIS 5 MG / 1 Tablet by mouth two times a day for DVT/PE
ENTRESTO 49-51 MG / 1 Tablet by mouth two times a day for CAD
Isosorbide Mononitrate - Isosorbide Mononitrate Extended Release 30 mg/tablet / Give 3 tablet by mouth one time a day for HTN Hold for SBP less than 110 or HR less than 60
Metoclopramide Hcl - Metoclopramide Hydrochloride 5 MG / 1 Tablet by mouth three times a day for Gastroparesis
Metoprolol Succinate - Metoprolol Succinate Extended Release 100 MG / 1 Tablet by mouth one time a day for HTN Hold for SBP less than 110 or HR less than 60
Midodrine Hydrochloride - Midodrine Hydrochloride 5 MG / 1 Tablet by mouth once a day every Tue, Thu, Sat for Hypotension Hold for SBP greater than 135
Saccharomyces Boulardii 250 MG / 1 Capsule by mouth twice a day for probiotic
Tylenol Es 500 Mg - Acetaminophen 0 Give 2 tablet by mouth every 6 hours as needed for Pain 1-4
Simethicone - Simethicone Chewable 80 MG / 1 Tablet by mouth every 8 hours as needed for Gas pain
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG / 1 Tablet by mouth every 8 hours as needed for Pain 5-10
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth twice a day for Bowel Regimen
ROSUVASTATIN CALCIUM 5 MG tablet by mouth one time a day for HLD
RENVELA 800 MG / 1 Tablet by mouth with meals
PRASUGREL 10 MG / 1 Tablet by mouth one time a day for DVT
ONDANSETRON 0 Disintegrating 4 MG / 1 Tablet by mouth every 8 hours as needed for Nausea
Nephro Vitamins 0.8 MG / 1 Tablet by mouth once a day for Supplement
MIRTAZAPINE 30 MG / 1 Tablet by mouth one time a day for depression
DULCOLAX Suppository 10 MG / Insert 1 suppository rectally every 24 HOURS as needed for bowel regimen
White Petrolatum-Mineral Oil Ophthalmic Ointment 0 Instill 1 application right eye once a day for Dry eye
NITROGLYCERIN 0.4 MG / 1 Tablet sublingually every 5 minutes as needed for onset of attack of chest pain. Not to exceed a max of 3 doses. Call MD if there is no relief.
Greers Goo Cream 0 Apply to bilateral buttocks topical as necessary every shift for Incontinence Associated Dermatitis cleanse with soap and water, pat dry, apply greer's goo and leave open to air
Zinc Oxide - Zinc Oxide External Cream 10% / Apply to sacrum topical as necessary every shift for wound care
Miconazole Nitrate - Miconazole Nitrate 0 External Ointment 2% / Apply to groin topical once a day and every evening shift for Redness
Lidocaine Patch - Lidocaine 5% / Apply to R hip topically once a day for Pain Place 2 patches and remove per schedule

14. DME and Supplies:

grab bars, bath bench, wound care supplies, wheelchair, diabetic supplies, 4 wheeled walker, walker

15. Safety Measures:

medication safety, bleeding precautions, diabetic precautions, fall precautions, ambulates with assistance, standard precautions, bathroom safety, activity supervision

16. Nutrition:

renal diet

17. Allergies:

lisinopril janumet lipitor plavix statin hmg-coa inhibitors

18.A. Functional Limitations

Amputation, Ambulation, Endurance!Paralysis

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Roby
2434 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-601-6840 FAX: 14106014029 NPI: 1508809971

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 : 06/23/2026

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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Homebound status:

Due to diagnosis of Non-ST elevation (NSTEMI) myocardial infarction, 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 77-year-old male with a past medical history significant for non-traumatic ischemic infarction of the right lower extremity, hypertension, hyperlipidemia, ischemic cardiomyopathy, coronary artery disease, and end-stage renal disease requiring hemodialysis on a Tuesday/Thursday/Saturday schedule. He is alert and oriented 4. The patient was recently admitted due to chest and epigastric pain. He has a left above-knee amputation with a prosthesis, a right heel pressure ulcer, wounds on the posterior right leg, bilateral buttocks scabbed-over wounds, and a right great toe wound. During wound care to the right great toe, the toenail detached. Ordered wound care treatments were completed as prescribed. The right heel wound was noted to have a foul odor, and the primary care provider was notified regarding the right great toe wound, foul-smelling heel wound, and posterior right leg wounds. The patient denies chest pain, shortness of breath, headache, nausea, or vomiting. He utilizes a manual wheelchair but is unable to self-propel and requires assistance with activities of daily living. He resides with his wife in an extended-stay hotel, with his wife serving as his primary caregiver. The patient is able to perform a pivot transfer from the bed to the wheelchair. Continued skilled care is recommended to address wound management, mobility limitations, safety, and functional needs.<o:p></o:p>   Date of Order<o:p></o:p> 07/20/2026<o:p></o:p> Physician Face-to-Face Date: 06/23/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Non-ST elevation (NSTEMI) myocardial infarction<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>   1 - SOC - SN Notes:<o:p></o:p> Physician: Roby, Robert

SN Careplans

SN WK1: 1 (07/20/26-07/25/26), WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/17/26)

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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.

SN Goals

PATIENT-STATED GOAL: To be able to stand, have better mobility and for his wounds to heal.

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
* 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 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/20/2026

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, balance deficit, Pain Interference with ADLs, open sores/lesions, #1 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Left Heel - Wound care done, #2 - Open Wound - Other - Right great toe - , #3 - Open Wound - Posterior Right Calf - Upper, #4 - Open Wound - Posterior Right Calf - Lower

PROCEDURES: physician-ordered wound care: #1 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Left Heel - Wound care done: Cleanse right heel wound with normal saline, apply medical-grade honey/silver alginate, cover with dry dressing daily/PRN.,
physician-ordered wound care: #4 - Open Wound - Posterior Right Calf - Lower: Cleanse the right leg wound with normal saline, apply silver alginate, and cover with a dry dressing daily/PRN.,
physician-ordered wound care: #3 - Open Wound - Posterior Right Calf - Upper: Cleanse the right leg wound with normal saline, apply silver alginate, and cover with a dry dressing daily/PRN.,
physician-ordered wound care: #2 - Open Wound - Other - Right great toe -: Cleanse the right great toe with normal saline, monitor vascular status and signs of infection, paint with betadine, and leave it open to air., 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, * 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 record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule
* diet
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/20/2026