Home Health Certification and Plan of Care

Order ID: 1150/20898

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7WE8D93NJ38	07/27/2026	From: 07/27/2026 To: 09/24/2026	20496	217058

6. Patient's Name and Address

Joseph Vogel
4606 Hampnett Ave,
BALTIMORE, MD 21214-
410-371-5363

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 12/28/1960 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	07/27/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/27/26
I50.22	Chronic systolic (congestive) heart failure	07/27/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/27/26
N18.6	End stage renal disease	07/27/26
D63.1	Anemia in chronic kidney disease	07/27/26
I95.9	Hypotension unspecified	07/27/26
I48.0	Paroxysmal atrial fibrillation	07/27/26
I48.92	Unspecified atrial flutter	07/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/27/26
E78.5	Hyperlipidemia unspecified	07/27/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/27/26
E03.9	Hypothyroidism unspecified	07/27/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	07/27/26
M19.90	Unspecified osteoarthritis unspecified site	07/27/26
Z89.512	Acquired absence of left leg below knee	07/27/26
Z89.431	Acquired absence of right foot	07/27/26
Z99.2	Dependence on renal dialysis	07/27/26
Z79.01	Long term (current) use of anticoagulants	07/27/26
Z95.1	Presence of aortocoronary bypass graft	07/27/26
Z95.0	Presence of cardiac pacemaker	07/27/26

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

Cyclosporine - Cyclosporine Emulsion 0.05 % / Instill 1 drop both eyes twice a day for dry eyes due to inflammation unsupervised self-administration
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for Mild pain (1-3)
Amiodarone Hcl - Amiodarone Hydrochloride 200 MG / 1 Tablet by mouth in the afternoon for HTN
Apixaban 5 MG / 1 Tablet by mouth every 12 hours for A-Fib
Atorvastatin Calcium - Atorvastatin Calcium 10 MG / 1 Tablet by mouth at bedtime for Hyperlipidemia
Calcium Acetate - Calcium Acetate 667 mg/tablet / Give 2 tablet by mouth with meals for Hyperphosphatemia/ESRD
GABAPENTIN 100 MG / 1 Tablet by mouth at bedtime for Neuropathy
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG / 1 Tablet by mouth at bedtime for Anxiety
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG / 1 Tablet by mouth as necessary everyday shift every Tue, Thu, Sat for Anxiety Give an hour prior to HD
Lactobacillus - Lactinex Give 1 capsule by mouth every 12 hours for supplement
Levothyroxine Sodium - Levothyroxine Sodium 75 MCG / 1 Tablet by mouth in the morning for Hypothyroidism Take on an empty stomach 2-4 hours apart from vitamins w/iron or calcium.
LPS Sugar Free Oral Liquid Give 30 ml by mouth three times a day for wound healing, increased nutritional needs
Melatonin - Melatonin 3 MG / 1 Tablet by mouth at bedtime for Insomnia
MIDODRINE HYDROCHLORIDE 10 MG / 1 Tablet by mouth in the afternoon for Hypotension
Midodrine Hydrochloride - Midodrine Hydrochloride 5 MG / 1 Tablet by mouth at bedtime for Hypotension hold for systolic greater than 140
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg/tablet / Give 2 tablet by mouth once a day every day shift every Tue, Thu, Sat for Hypotension Give 1 hour prior to dialysis hold for systolic greater than 140
NEPHRO-VITE 1 MG / 1 Tablet by mouth in the afternoon for supplement
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 MG / 1 Tablet by mouth every 6 hours as needed for Severe Pain 7-10
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth in the afternoon for Bowel Regimen mix with 4 ounces water and hold for loose stools
Sertraline Hcl - Sertraline Hydrochloride 25 MG / 1 Tablet by mouth in the afternoon for Depression
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg/tablet / Give 2 tablet by mouth at bedtime for Insomnia
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 MG / 1 Tablet by mouth as necessary every day shift every Tue, Thu, Sat for Pain Give 1 hour prior to HD
Metronidazole - Metronidazole 500 mg 500mg by mouth twice a day Take for 14 days
Naloxone Hcl - Naloxone Hydrochloride Nasal Liquid 4 MG/0.1ML / 1 spray in nostril every 3 minutes as needed for suspected opioid overdose 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive. Notify provider
Ceftriaxone - Ceftriaxone Sodium 1 gram intravenous once a day
Greers Goo Nystatin + Zinc Oxide + Hydrocortisone Apply to buttocks topical as necessary every shift for IAD prevention 1-1-1 parts of nystatin 1000,000 cream, zinc paste 40% and hydrocortisone cream 1%
Lidocaine Patch - Lidocaine 4% / Apply to both shoulder and Coccyx topically one time a day for Pain management and remove per schedule

14. DME and Supplies:

wound care supplies, wheelchair, reacher, hoyer lift, hospital bed, hand held shower, grab bars, commode

15. Safety Measures:

transfer with assist, wheelchair precautions, standard precautions, no bp right arm, medication safety, medical alert/lifeline, infectious material management, hand rails, fall precautions, diabetic precautions, bleeding precautions, bedrails up while in bed, bathroom safety, avoid temperature extremes, anticoagulant precautions, ambulates with assistance, ambulates with device, activity supervision

16. Nutrition:

renal diet, diabetic

17. Allergies:

cefepime augmentin

18.A. Functional Limitations

18.B. Activities Permitted

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Howard Goldman
9106 Philadelphia Rd
Rosedale, MD 21237
PHONE: 4102383262 FAX: 14102383265 NPI: 1528068251

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 : 07/16/2026

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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Endurance, Amputation

Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: After undergoing Left 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:
The patient is a 65-year-old male admitted to home health services following hospitalization and subsequent subacute rehabilitation, with discharge from the rehabilitation facility on 07/21/2026. His past medical history is significant for hypothyroidism, type 2 diabetes mellitus, and end-stage renal failure requiring hemodialysis three times weekly. The patient is homebound due to significant difficulty with ambulation and functional mobility. He has a left below-knee amputation, a healing wound to the right heel, and absence of the right toes secondary to prior amputation. He is currently wheelchair-bound and requires ongoing skilled nursing and rehabilitation services to address his complex medical and functional needs. Upon assessment, the patient is alert and medically stable. He denies chest pain and shortness of breath. Lung sounds are clear to auscultation bilaterally, and the abdomen is flat with normoactive bowel sounds. The patient is anuric, consistent with his renal failure and dialysis dependence. He resides with his daughter, who assists with his care, and receives additional home caregiver support while his daughter is at work. Meal preparation is performed by caregivers due to the patient's functional limitations. Skilled nursing services are medically necessary to monitor the patient's overall health status, cardiopulmonary condition, dialysis needs, skin integrity, wound healing, and potential complications related to diabetes, renal disease, and impaired mobility. Ongoing assessment of the right heel wound, prevention of skin breakdown, medication management, and reinforcement of disease process education will continue as part of the plan of care. Prior to his recent hospitalization, the patient lived alone in a multilevel home and was independent with basic activities of daily living, functional transfers, and household ambulation using a rollator and left lower extremity prosthesis. Following his hospitalization and rehabilitation stay, the patient's daughter returned to assist with his care, supplemented by a hired caregiver during her work hours. Occupational therapy evaluation revealed decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, decreased activity tolerance, and significant decline in functional mobility and self-care performance. These deficits have resulted in decreased independence with activities of daily living, functional transfers, and functional ambulation. Skilled occupational therapy is medically necessary to provide therapeutic interventions focused on improving upper extremity strength, standing balance, endurance, transfer safety, adaptive techniques, and independence with self-care activities in order to maximize functional recovery and facilitate return to the patient's prior level of function. Patient and caregiver education was provided regarding home safety, fall prevention, pressure injury prevention, energy conservation, skin and wound care, adherence to the prescribed dialysis schedule, and the importance of participating in the therapy program. The interdisciplinary plan of care includes continued skilled nursing for comprehensive medical assessment, chronic disease management, wound monitoring, dialysis-related care, medication review, and patient education, along with skilled occupational therapy to improve strength, endurance, balance, functional transfers, and performance of activities of daily living, with the goal of maximizing safety, independence, and quality of life while reducing the risk of complications and rehospitalization.
 Date of Order 07/27/2026 Orders Physician Face-to-Face Date: 07/16/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Left 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:
 Physician Goldman, Howard

SN Careplans

SN WK1: 1 (07/27/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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, 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.
Provide education content at patient's level of health literacy.

SN Goals

PATIENT-STATED GOAL: I want my 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
* 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/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

Signature of Physician:

Date

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

Date
07/27/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, weight gain > 2lb/24 h OR 5lb/1 wk, abnormal blood pressure, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, constipation, limited strength, limited range of motion, limited endurance, muscle weakness, muscle spasms, extremity burn/tingle/numb, Pain Effect on Sleep, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, weak hand grips, tooth pain/decay/sensitivity, obesity, #2 - Other - Anterior Right Foot - , #1 - Open Wound - Posterior Right Heel - , discolored patches of skin, bruising/discoloration

PROCEDURES: physician-ordered wound care: #2 - Other - Anterior Right Foot -: Right dorsal graft: wash normal saline, Apply Xeroform, nonsterile gauze, wrap Kerlix, physician-ordered wound care: #1 - Open Wound - Posterior Right Heel -: Right heel Graft :wash with normal saline, apply Xeroform, 4x4 nonsterile gauze, wrap with Kerlix, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services, monitor dialysis schedule: T/TH/Sat, monitor dialysis schedule: Tuesday, Thursday and Saturday, monitor dialysis schedule: Tuesday, Thursday and Saturday

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, * how to achieve wound healing including 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's transportation needs are met, patient is adequately supervised, 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

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

patient's transportation needs are met

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK1: 1 (07/27/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, wheelchair training, home exercise program: Bilateral UE strengthening triceps extensions, biceps curls, armchair press-ups., equipment training, work simplification/energy conservation, gait training/stair training

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06.

OT Goals

PATIENT-STATED GOAL: I want to be independent again

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Signature of Physician:

Date

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

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Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 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 4 of 4
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