

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	
6TY4JY5KA60		07/16/2026		From: 07/16/2026 To: 09/13/2026	
				4. Medical Record No.	
				28049	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Harold Matthews				HomeCentris Healthcare LLC	
222 South Augusta Ave Apt 5A,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21229-				Owings Mills, MD 21117-8284	
443-527-4134				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	
14. DME and Supplies:				15. Medications: Dose/Frequency/Route (N)ew (C)hanged	
rolling walker, cane, Cast shoe				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.	
16. Nutrition:				17. Safety Measures:	
diabetic				standard precautions, remove environmental barriers, non-weight bearing LLE, fall precautions, diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance	
18.A. Functional Limitations				17. Allergies:	
Ambulation, Endurance, Amputation				dalbavancin latex linezolid	
19. Mental & Pyschosocial Status:				18.B. Activities Permitted	
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				Walker, Exercises Prescribed, Up As Tolerated, NWB left leg	
20. Prognosis:					
Good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				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: <div>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.</div><div>Date of Order</div><div>07/16/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 07/10/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PTeval and treat due to Dehiscence of amputation stump</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>1 - SOC - PT Notes: soc</div><div>Physician</div><div>Gerbino, Jeffrey</div></div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/16/2026					
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.	
Jeffrey Gerbino				F2F date : 07/10/2026	
822 Linden Avenue					
Baltimore, MD 21201					
PHONE: 410-856-3660 FAX: 14102258938 NPI: 1407115348					
27. Attending Physician's Signature and Date Signed 07/22/2026 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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			1487113239		
SN Careplans			SN Goals		
PT Careplans			PT Goals		
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)			PATIENT-STATED GOAL: To be able to walk across the street to the store		
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			GOALS		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			Chair to Bed to Chair - 06. Independent		
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			Toilet Transfer - 06. Independent		
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.			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
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.			1 - Step (curb) - 05. Setup or clean-up assistance		
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			Shower/Bathe Self - 05. Setup or clean-up assistance		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			patient/caregiver recalls		
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.			* lifestyle modifications to manage respiratory condition including		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* diet changes and regular exercise		
Assess: Musculoskeletal status.			* strategies to control shortness of breath		
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			* home remedies to keep lungs healthy		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* recalls related medication(s) purpose, schedule		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			patient/caregiver recalls		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.			* 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		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			* teach relaxation skills and diversional activities		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			* recalls related medication(s) purpose, schedule		
; 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			patient/caregiver recalls		
Advance Directive:Not Received			* depression-prevention strategies including avoidance of isolation		
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,			* 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		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			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
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