Home Health Certification and Plan of Care

Order ID: 1150/21208

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01194436	12/15/2025	From: 08/12/2026 To: 10/10/2026	15736	217058

6. Patient's Name and Address
Paul Maki
2225 E Baltimore St,
BALTIMORE, MD 21231-
443-278-5491

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 09/21/1948 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I87.2	Venous insufficiency (chronic) (peripheral)	12/15/25

13. ICD	Other Pertinent Diagnoses	Date
L97.212	Non-pressure chronic ulcer of right calf w fat layer exposed	12/15/25
I10.	Essential (primary) hypertension	12/15/25
I70.0	Atherosclerosis of aorta	12/15/25
I82.469	Acute embolism and thombos unsp calf muscular vein	12/15/25
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	12/15/25
E78.5	Hyperlipidemia unspecified	12/15/25
N20.0	Calculus of kidney	12/15/25
H40.89	Other specified glaucoma	12/15/25
E66.9	Obesity unspecified	12/15/25
Z68.32	Body mass index [BMI] 32.0-32.9 adult	12/15/25
Z89.432	Acquired absence of left foot	12/15/25
Z79.01	Long term (current) use of anticoagulants	12/15/25
Z86.0100	Personal history of colonic polyps	12/15/25
Z86.711	Personal history of pulmonary embolism	12/15/25
Z85.828	Personal history of other malignant neoplasm of skin	12/15/25

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

Furosemide - Furosemide 20 MG , Give 1 tablet by mouth once a day
Dabigatran Etexilate - Dabigatran Etexilate 150 MG , Give 1 capsule by mouth twice a day
Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth at bedtime
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG , Give 1 capsule by mouth in the evening
Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth every 8 hours 8 hours as needed for MILD Pain Pain Scale 1-5
Aquacel Ag - Accuzyme Pad topical once a week Wound care dressing changes weekly

14. DME and Supplies:
walker, wound care supplies

15. Safety Measures:
bathroom safety, transfer with assist, standard precautions, fall precautions, ambulates with assistance, ambulates with device

16. Nutrition:
low cholesterol

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Other, Up As Tolerated,

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Venous insufficiency (chronic) (peripheral), 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: Recertification was completed for continued skilled nursing maintenance <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> focused on chronic wound care management of bilateral lower extremity wounds, with services required to promote healing, prevent infection, and manage compression therapy. The patient is alert and oriented 4 and remains homebound due to ambulatory limitations requiring the use of an assistive device for safety and fall prevention, making it a considerable and taxing effort to leave the home. Assessment revealed multiple wounds to the right and left lower legs with serosanguineous drainage, no odor, and surrounding skin peeling with intermittent bleeding related to moisture and dressing use. Compression wraps have been effective in controlling edema and maintaining skin moisture balance, with no lower extremity swelling noted at this visit. The patient reports compliance with prescribed diuretic therapy and denies lower extremity wound pain, abnormal bleeding, falls, or urinary symptoms. Right hip arthritis continues to limit range of motion and contributes to mobility impairment. Wound care was performed per orders, including cleansing, application of povidone-iodine, non-adherent dressings, Aquacel Ag, Hydrofera Blue to right leg wounds, and bilateral compression wraps, with plans to obtain revised orders to include Hydrofera Blue for left leg wounds. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-2 CE-FMS-Medications">Medications</mh> were reviewed with no changes reported or identified. The patient reports sleeping in approximately four-hour intervals and had a bowel movement on the day of assessment with normal bowel sounds present. Education was provided regarding safe removal of dry skin to reduce the risk of infection and new wound formation. The patient will follow up with the wound clinic on 7/14/26 for reevaluation of wound care management, and additional skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> have been requested to continue ongoing wound assessment and treatment.
 Date of Order 08/07/2026 Orders Physician Face-to-Face Date: 11/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management due to Venous insufficiency (chronic) (peripheral) Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches
 4 - Recertification Notes: The patient is recertified due to wound care to right and left lower leg wounds requiring routine wound care with compression wrap therapy to promote healing and prevent infection.
 Physician Capasso, Justin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Justin Capasso
815 E Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375701 NPI: 1457713331

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 : 11/03/2025

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 WK1: 1 (08/12/26-08/15/26)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, abn cholesterol > 200 mg/dL, abnormal blood pressure, frequent urination, limited range of motion, limited endurance, balance deficit, open sores/lesions, discolored patches of skin, rough/scaly/cracked skin, red/tender pressure points, #1 - Other - Anterior Left Below Knee -

PROCEDURES: physician-ordered wound care: #1 - Other - Anterior Left Below Knee -, physician-ordered wound care: #2 - Other - Posterior Right Calf -: Wound care: Cleanse with wound Cleanser dry with dry gauze. Moisturize skin. Place Urgo Tull silicone contact cut to fit the size of the wound on bilateral leg open wounds. Bilateral legs. Apply Urgo K2 Lite compression wrap, once a week. Patient attended appointment for Left leg wrap compression therapy until Velcro wrap available. Right leg open wound.non stick, physician-ordered wound care: #3 - Other - Anterior Left Below Knee -: Wound care: Cleanse with wound Cleanser dry with dry gauze. Moisturize skin. Place Urgo Tull silicone contact cut to fit the size of the wound on bilateral leg open wounds. Bilateral legs. Apply Urgo K2 Lite compression wrap, once a week. Patient attended appointment for Left leg wrap compression therapy until Velcro wrap available. Right leg open wound.non stick, physician-ordered wound care: #4 - Observable Stasis Ulcer - Other - Posterior Proximal Right Calf - Covered with dry gauze underneath unna boot and coban . Awaiting orders for wound itself.: Wound care: Cleanse with wound Cleanser dry with dry gauze. Moisturize skin. Place Urgo Tull silicone contact cut to fit the size of the wound on bilateral leg open wounds. Bilateral legs. Apply Urgo K2 Lite compression wrap, once a week. Patient attended appointment for Left leg wrap compression therapy until Velcro wrap available. Right leg open wound.non stick, physician-ordered wound care: #5 - Observable Stasis Ulcer - Posterior Right Calf - Covered with dry gauze underneath unna boot and coban. Awaiting orders.: Wound care: Cleanse with wound Cleanser dry with dry gauze. Moisturize skin. Place Urgo Tull silicone contact cut to fit the size of the wound on bilateral leg open wounds. Bilateral legs. Apply Urgo K2 Lite compression wrap, once a week. Patient attended appointment for Left leg wrap compression therapy until Velcro wrap available. Right leg open wound.non stick, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage: Weekly, physician-ordered wound care: Wound care: Cleanse with wound Cleanser dry with dry gauze. Moisturize skin. Place Urgo Tull silicone contact cut to fit the size of the wound on bilateral leg open wounds. Bilateral legs. Apply Urgo K2 Lite compression wrap, once a week. Patient attended appointment for Left leg wrap compression therapy until Velcro wrap available. Right leg open wound.non stick, monitor intake & output

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

PATIENT-STATED GOAL: To resolve wounds and decrease reoccurring wounds;To resolve wounds to leg

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

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/07/2026

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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, 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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