Home Health Certification and Plan of Care

Order ID: 1150/21606

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
53251841	08/26/2026	From: 08/26/2026 To: 10/24/2026	29528	217058

6. Patient's Name and Address

Dawn Gombeda
10592 Spotted Horse Lane,
COLUMBIA, MD 21044-
619-252-6130

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 04/17/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T87.81	Dehiscence of amputation stump	08/26/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/26/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/26/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/26/26
N18.31	Chronic kidney disease stage 3a	08/26/26
E87.1	Hypo-osmolality and hyponatremia	08/26/26
K52.9	Noninfective gastroenteritis and colitis unspecified	08/26/26
E44.1	Mild protein-calorie malnutrition	08/26/26
E78.49	Other hyperlipidemia	08/26/26
E55.9	Vitamin D deficiency unspecified	08/26/26
F10.10	Alcohol abuse uncomplicated	08/26/26
F17.210	Nicotine dependence cigarettes uncomplicated	08/26/26
Z89.612	Acquired absence of left leg above knee	08/26/26
Z89.511	Acquired absence of right leg below knee	08/26/26
Z79.82	Long term (current) use of aspirin	08/26/26

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

ASCORBIC ACID 250 MG / 1 Tablet by mouth one time a day for supplement
ASPIRIN 0 Chewable 81 MG / 1 Tablet by mouth one time a day for cva prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth in the evening for Hyperlipidemia
Cholecalciferol 25 MCG (1000 UT) / 1 Tablet by mouth once a day for supplement
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG / 1 Tablet by mouth one time a day for supplementation
FOLIC ACID 1 MG / 1 Tablet by mouth one time a day for supplement
LOPERAMIDE HYDROCHLORIDE 2 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for diarrhea
LOSARTAN POTASSIUM 100 MG / 1 Tablet by mouth one time a day for HTN
GABAPENTIN 100 MG / 1 Capsule by mouth every 8 hours for Pain
Sodium Bicarbonate - Sodium Bicarbonate 650 MG / 1 Tablet by mouth two times a day for supplement
TYLENOL 325 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for Pain 1-5/10
Zinc Oxide - Zinc Oxide Cream 10 % / Apply to b/l buttocks topical as directed every shift for Diaper dermatitis after each incontinence care

14. DME and Supplies:

wound care supplies, hospital bed, hoyer lift, reacher, hand held shower, bath bench, wheelchair

15. Safety Measures:

activity supervision, transfer with assist, medication safety, fall precautions, bathroom safety, wheelchair precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin G sodium (07/21/2026)

18.A. Functional Limitations

Bowel/Bladder Incontinence, Amputation

18.B. Activities Permitted

Wheelchair, Up As Tolerated

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: 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

another facility/provider 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 70-year-old female with a significant past medical history of peripheral arterial disease (PAD), chronic tobacco use disorder, type 2 diabetes mellitus, hypertension, bilateral lower-extremity amputations, including a prior right below-knee amputation (BKA), and a recent left above-knee amputation (AKA) complicated by an open wound to the left residual limb. She was admitted to home health following the left AKA for skilled postoperative wound management and monitoring, as well as physical and occupational therapy to maximize functional independence and facilitate safe adaptation to her new level of mobility. Upon arrival at the assisted living facility, the patient was resting in bed awaiting assessment and dressing change. She was alert and oriented x4 and denied pain at the time of the visit. The patient reports stress urinary incontinence and intermittent bowel incontinence associated with episodes of diarrhea. She currently wears adult briefs but would like to improve her ability to reach the bathroom more quickly and reduce episodes of incontinence. She denies shortness of breath, dizziness, or lightheadedness. She reports her last bowel movement was this morning and denies nausea or vomiting. On assessment, lung sounds were clear, bowel sounds were active, and bilateral upper-extremity pulses were palpable. Skin was warm and intact except for the open postoperative wound involving the left AKA residual limb. An overgrown nail was also noted on the left index finger. Vital signs were obtained, the left stump wound was assessed, cleansed, and redressed according to the plan of care, and medications were reviewed with the assisted living facility house manager. The patient was educated regarding postoperative care, medication management, wound monitoring, and symptoms requiring prompt medical attention. Following the recent left AKA and with a history of right BKA and prior stump osteomyelitis, the patient demonstrates significant changes in functional mobility and is expected to remain primarily wheelchair-level for household mobility. Due to bilateral lower-extremity amputations, functional ambulation is not anticipated at this time. She requires caregiver assistance for transfers and activities involving indoor mobility. Bed mobility is anticipated to require standby to contact guard assistance, while transfers require contact guard to minimal assistance with appropriate body mechanics, technique, and safety cues. Primary functional impairments include bilateral lower-extremity weakness, decreased endurance, impaired balance, and altered mobility mechanics secondary to bilateral amputations. The home environment was observed to be well maintained without identified safety hazards. Skilled physical therapy is medically necessary to address strengthening, transfer training, wheelchair mobility and management, balance, fall prevention, home exercise program progression, pain management, and postoperative education to maximize safe functional independence and reduce long-term fall risk. Skilled occupational therapy is also indicated to address ADL performance, safe bathroom access, transfer techniques, compensatory strategies, and adaptation to the patient's new functional limitations. Education was provided regarding the home health admission packet and plan of care, prescribed home exercise program, medication management, postoperative incision and wound care, signs and symptoms of infection, and when to contact the physician for changes in condition. Fall-prevention and home-safety strategies were reviewed, with emphasis on safe transfers, appropriate use of the wheelchair and other assistive equipment, and requesting caregiver assistance as needed. The patient and caregiver were instructed to monitor the left AKA wound closely for increased redness, swelling, warmth, drainage, bleeding, separation, worsening pain, fever, or other signs of infection and to report concerning findings promptly. Continued skilled nursing, PT, and OT services are recommended to support postoperative wound healing, prevent complications, improve strength and endurance, facilitate safe transfers and wheelchair mobility, address ADL limitations, and maximize the patient's safe independence within the assisted living environment.
 Date of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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 : 08/21/2026

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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Order 08/26/2026 Orders Physician Face-to-Face Date: 08/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & 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 - SN Notes: wound OT Eval Notes: PT Eval Notes:
 Physician Wilson, Marc

SN Careplans

SN WK1: 2 (08/26/26-08/29/26) ,WK2: 3 (08/30/26-09/05/26) ,WK3: 2 (09/06/26-09/12/26) ,WK4: 2 (09/13/26-09/19/26)

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: 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:Do not resuscitate (DNR) orders

08/31/2026 Problems : #1 - Observable Stasis Ulcer - Anterior Left Above Knee -
M1620 - Bowel Incontinence
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
lung sounds not clear
balance deficit
muscle weakness
limited endurance
limited strength
diarrhea
drooling
discolored patches of skin
pallor
D0160 - Depression

PROCEDURES: physician-ordered wound care: #1 - Observable Stasis Ulcer - Anterior Left Above Knee -: Clean area and cover with silver alginate and abd pad., Medication Review: Review Medications with patient/caregiver during every visit.

SN Goals

PATIENT-STATED GOAL: "I want my independence back."

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

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/26/2026

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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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/26/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26) ,WK9: 1 (10/18/26-10/24/26)

08/27/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130F1 - Upper Body Dressing

PROCEDURES: wheelchair training, home exercise program: HEP reviewed and instructed for bilateral BKA with emphasis on maintaining hip ROM and improving lower-extremity and core strength. Patient instructed in seated/supine hip flexion, hip abduction, hip extension, quad sets, glute sets, seated weight shifting, and trunk control exercises, performing approximately 10-15 repetitions as tolerated. Transfer practice to be performed with appropriate assistive device and caregiver assistance as needed. Education provided on pacing, safety, skin inspection, and fall prevention., equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To have wound healed and to get my strength back

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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	08/26/2026