# Home Health Certification and Plan of Care

**Order ID: 1150/21900**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 6H94YC0QW74 | 07/09/2026 | From: 09/07/2026 To: 11/05/2026 | 27635 | 217058 |

**6. Patient's Name and Address**
Rory Young
3600 W. Franklin Street APt 10E,
BALTIMORE, MD 21229-
443-882-3740

**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** 03/05/1961 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I12.0 | Hyp chr kidney disease w stage 5 chr kidney disease or ESRD | 07/09/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 07/09/26 |
| N18.6 | End stage renal disease | 07/09/26 |
| D63.1 | Anemia in chronic kidney disease | 07/09/26 |
| E11.51 | Type 2 diabetes w diabetic peripheral angiopath w/o gangrene | 07/09/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 07/09/26 |
| E78.5 | Hyperlipidemia unspecified | 07/09/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 07/09/26 |
| E55.9 | Vitamin D deficiency unspecified | 07/09/26 |
| E21.0 | Primary hyperparathyroidism | 07/09/26 |
| Z99.2 | Dependence on renal dialysis | 07/09/26 |
| Z89.512 | Acquired absence of left leg below knee | 07/09/26 |
| Z95.1 | Presence of aortocoronary bypass graft | 07/09/26 |
| Z79.4 | Long term (current) use of insulin | 07/09/26 |

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

TRAMADOL 50 mg = 1 tab PO 4x/day PRN pain, severe (7 to 10)
SEVELAMER CARBONATE 800 mg = 1 tab PO With meals 3x/day
PANTOPRAZOLE Delayed Release 40 mg = 1 tab PO Daily
NIFEDIPINE 120 mg = 2 tab PO Daily
NEPHRO-VITE 1 tab PO Daily for 30 Day(s)
METHADONE 10 mg/tablet / Take 120 mg = 12 tab PO Daily
LOSARTAN POTASSIUM 50mg PO Daily
FOLIC ACID 1 mg = 1 tab PO Daily
Clopidogrel - Clopidogrel 75 mg 75mg by mouth in the morning PVD
CINACALCET HYDROCHLORIDE 30 mg = 1 tab PO Tu/Th/Sa
CARVEDILOL 12 .5 mg = 1 tab PO 2x/day
ATORVASTATIN 80 mg = 1 tab PO Nightly
ACETAMINOPHEN 500 mg/tablet / Take 2 tablet 1,000 mg total PO q8h PRN pain, moderate (4 to 6)
ASPIRIN 81 mg = 1 tab PO Daily
Ancef - Cefazolin Sodium Inject 2g intravenous once a day During dialysis

**14. DME and Supplies:**
wound care supplies, , wheelchair, commode, diabetic supplies

**15. Safety Measures:**
diabetic precautions, medication safety, bathroom safety, , wheelchair precautions, standard precautions, fall precautions,

**16. Nutrition:**
diabetic

**17. Allergies:**
oxyCODONE

**18.A. Functional Limitations**
Ambulation, Amputation,

**18.B. Activities Permitted**
No Restrictions

**19. Mental & Pyschosocial Status:** COGNITION: 2. Accurate within 5 days, ANXIETY: , 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**
SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, 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 homebound due to end-stage renal disease (ESRD) requiring dialysis, hypertension (HTN), coronary artery disease (CAD), diabetes mellitus (DM), chronic kidney disease (CKD), recent left below-the-knee amputation (BKA), and significant mobility limitations, making leaving the home a considerable effort and placing the patient at increased risk for falls. The patient requires the use of a wheelchair and assistive devices for mobility and requires human assistance whenever leaving the home to ensure safety. The patient is alert and oriented 3, with no complaints voiced during the visit. Skin was warm and dry, and respirations were even and unlabored. Assessment revealed an open wound to the right foot, with a protective boot in place throughout the visit. The patient is a 65-year-old with a recent hospitalization related to a left below-the-knee amputation and chronic kidney disease. Past medical history is significant for ESRD on dialysis, diabetes mellitus, coronary artery disease status post aortocoronary bypass grafting, myocardial infarction, hyperlipidemia, hyperparathyroidism, two prior spinal surgeries, and chronic right foot wounds. The patient received a new left lower extremity prosthesis on the day of assessment and resides in an elevator-accessible apartment with a brother who provides assistance as needed. During the visit, the patient was able to don the left prosthesis with verbal cueing. Functional assessment demonstrated the ability to transfer from the wheelchair to a recliner using a sit-pivot transfer with minimal assistance. The patient was unable to perform sit-to-stand transfers from the wheelchair to a walker due to non-weight-bearing status of the right foot. The patient tolerated wheelchair push-ups for 5 repetitions over 2 sets with verbal cueing to improve upper extremity strength and transfer ability. The patient does not have a bed and currently sleeps in a recliner, performing recliner-to-bedside commode stand-pivot transfers with minimal assistance. The patient's mobility deficits are further evidenced by a Tinetti Balance and Gait Assessment score of 2/28, indicating an extremely high risk for falls. Skilled home health therapy remains medically necessary to improve strength, transfer ability, balance, and overall functional mobility while facilitating safe use of the newly fitted left prosthesis, reducing fall risk, and maximizing independence within the home environment. Education was reinforced regarding fall prevention, safe transfer techniques, proper prosthesis use, adherence to non-weight-bearing precautions for the right foot, skin integrity monitoring, and the importance of following prescribed therapy and dialysis regimens. The plan of care is to continue skilled nursing for ongoing assessment, wound monitoring, disease management, and patient education, along with skilled therapy services to improve functional mobility, strength, and safe performance of activities of daily living. <br> Date of Order 09/03/2026 Orders Physician Face-to-Face Date: 06/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: The patient is recertified due to recent right foot infection and right toe amputation, with the surgical site still healing and PWB on right foot for transfers. The patient presents with decreased standing balance, standing tolerance, bilateral UE strength and activity tolerance, with significant effort

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 09/03/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

**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 : 06/22/2026

**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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required to leave home with wheelchair, Tinetti score of 4/28, and risk for falls due to weakness, requiring continued skilled therapy services to increase strength and return to ambulation. <br> Physician Baffoe-Bonnie, Edna

## SN Careplans

SN frequency Auth ID 16583 WK1: 1 (09/07/26-09/12/26),Auth ID 16583 WK2: 1 (09/13/26-09/19/26),Auth ID 16583 WK3: 1 (09/20/26-09/26/26),Auth ID 16583 WK4: 1 (09/27/26-10/03/26),Auth ID 16583 WK5: 1 (10/04/26-10/10/26),Auth ID 16583 WK6: 1 (10/11/26-10/17/26)

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: 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.
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:See MOLST for Code Status

09/10/2026 Problems : #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Heel -
#1 - Observable Surgical Wound - Anterior Right Foot - Right toe amputation
Pain Effect on Sleep
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
open sores/lesions

PROCEDURES: physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Heel -: Monitor the wound, physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Foot - Right toe amputation: Right foot surgical site: clean with normal saline, apply betadine, cover with gauze, ABD pad, kerlix and secure with an ACE bandage., cough/deep breathing exercises, incentive spirometer

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, * 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, * strategies to

## SN Goals

PATIENT-STATED GOAL: For wounds to heal

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 09/03/2026 |

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increase socialization, related medication(s) purpose, schedule

## PT Careplans

PT frequency Auth ID 16505 WK1: 1 (09/07/26-09/12/26)

09/10/2026 Problems : GG0170M1 - 1 - Step (curb)
GG0170M1 - 1 - Step (curb)
GG0170P1 - Picking Up Object
GG0170I1 - Walk 10 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: Family training : With brother for standing, therex, transfers, Standing at walker: Stand as long as possible, Prone lying: NA, wheelchair training, home exercise program: Supine quad sets, hip flexion, bridging, straight leg raise, hip abduction. Standing on left leg and performing exercises only with right leg including knee flexion, hip abduction, hip extension. Sitting knee extension, right ankle pumps, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Upper Body Dressing - 06. Independent

## PT Goals

PATIENT-STATED GOAL: To get my prosthesis to fit and be able to walk again

GOALS
1 - Step (curb) - 02. Substantial/maximal assistance
Car Transfer - 05. Setup or clean-up assistance
Picking Up Object - 02. Substantial/maximal assistance
Walk 10 Feet - 02. Substantial/maximal assistance
Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance
Walk 150 Feet - 02. Substantial/maximal assistance
Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance
Wheel 50 ft w 2 Turns - 06. Independent
Chair to Bed to Chair - 05. Setup or clean-up assistance
Oral Hygiene - 06. Independent
Toileting Hygiene - 06. Independent
Sit to Stand - 05. Setup or clean-up assistance
Toilet Transfer - 05. Setup or clean-up assistance
Wheel 150 feet - 06. Independent
Upper Body Dressing - 06. Independent
Lower Body Dressing - 06. Independent

## OT Careplans

OT frequency Auth ID 16506 WK1: 1 (09/07/26-09/12/26),Auth ID 16506 WK3: 1 (09/20/26-09/26/26),Auth ID 16506 WK5: 1 (10/04/26-10/10/26)

09/08/2026 Problems : GG0170O1 - 12 Steps
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
Pain Effect on Sleep
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
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
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, wheelchair training, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, therapeutic exercises: Skilled OT, equipment training, work simplification/energy conservation, gait training/stair training, transfers training: Skilled OT, assist with bathing: Skilled OT

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

## OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Chair to Bed to Chair - 06. Independent
Toilet Transfer - 06. Independent
Don/Doff Footwear - 06. Independent
Sit to Stand - 06. Independent
Car Transfer - 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
Shower/Bathe Self - 02. Substantial/maximal assistance
Toileting Hygiene - 06. Independent
Oral Hygiene - 06. Independent
Upper Body Dressing - 06. Independent
patient/caregiver recalls

Signature of Physician:

Date



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

Date
09/03/2026

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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 - 06. Independent, Car Transfer - 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, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* 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
* 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

Eating - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

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