HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115021880

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
30079186420	07/10/2026	09/08/2026 - 11/06/2026	25402	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Mable McCullough 1222 Gittings Avenue BALTIMORE, MD 21239	Female	08/29/1942	443-522-1094
	Email		**Primary Language** English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI 1487113239		**Fax Number** 410-559-3002

Clinical Condition Requiring Homecare:

The patient is an 83-year-old female receiving home health services following hospitalization for a wound requiring a wound VAC to the right below-knee amputation (BKA) site. Her medical history is significant for atrial fibrillation, chronic kidney disease, diabetes mellitus, glaucoma, hypertension, and prior cerebrovascular accident. During the nursing recertification visit, the wound VAC dressing was changed per physician orders and was well tolerated with minimal discomfort; no signs or symptoms of infection were noted, and vital signs remained within normal limits. Education was provided regarding wound VAC management, maintaining prescribed suction, recognizing alarms or loss of seal, infection prevention, and use of a rescue dressing in the event of VAC malfunction, with the patient verbalizing understanding. The patient's daughter reported that the patient is scheduled for admission to Mercy Hospital for surgical revision of the right BKA incision. During the therapy visit, the patient required moderate assistance from her daughter for sit-to-stand from the recliner and declined transfer training due to fatigue after lunch; supine and seated exercises were completed, 20 repetitions each. No significant functional improvement was noted during this visit, and therapy will resume following the surgical revision. Prior to the current decline, the patient lived with her daughter and family in a single-family home with a second-floor setup requiring 13 steps and was able to perform basic self-care, functional transfers, and functional ambulation, while family assisted with IADLs such as laundry and cleaning. The patient continues to require skilled nursing for wound assessment, wound VAC management, dressing changes, infection monitoring, and education, as well as skilled therapy to address functional mobility, strength, transfers, endurance, and ADL performance.<o:p></o:p>

Date of Order<o:p></o:p>
09/04/2026
Order<o:p></o:p>
Physician Face-to-Face Date:
06/22/2026<o:p></o:p>
Clinical Condition Requiring Home Care per

Physician Statement on 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

Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Dehiscence of amputation stump<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> 4 - Recertification SN Notes: due to ongoing wound assessment, wound VAC management, dressing changes, infection monitoring, and continued education<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Williams, Naisha	

ICD-10 CM Principal Diagnosis: T87.81. Dehiscence of amputation stump

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
E11.69	Type 2 diabetes mellitus with other specified complication	ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for pain DO NOT EXCEED 3 GRAMS PER DAY ELIQUIS 5 mg / 1 Tablet by mouth twice a day for AFIB Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for HLD CARVEDILOL 3.125 mg / 1 Tablet by mouth twice a day for HTN HOLD FOR SBP LESS THAN 110 OR HR LESS THAN 60 GABAPENTIN 300 mg / 1 Capsule by mouth once a day for NEUROPATHY Gabapentin - Gabapentin 600 mg / 1 Capsule by mouth at bedtime for NEUROPATHY Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg/tablet / Give 0.5 tablet by mouth every 6 hours as needed for PAIN MANAGEMENT Synthroid - Levothyroxine Sodium 25 mcg / 1 Tablet by mouth once a day for thyroid hormone replacement Omega 3 - Cod Liver Oil Give 2 capsule by mouth once a day for Supplement Ferrous Gluconate - Ferrous Sulfate: Folic Acid 324mg=1tablet by mouth once a day
M86.9	Osteomyelitis unspecified	
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	
E11.52	Type 2 diabetes w diabetic peripheral angiopathy w gangrene	
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	
N18.31	Chronic kidney disease stage 3a	
I48.0	Paroxysmal atrial fibrillation	
E11.49	Type 2 diabetes w oth diabetic neurological complication	
E03.9	Hypothyroidism unspecified	
H40.9	Unspecified glaucoma	
E78.5	Hyperlipidemia unspecified	
Z79.01	Long term (current) use of anticoagulants	
Z89.421	Acquired absence of other right toe(s)	
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	
M19.041	Primary osteoarthritis right hand	
M19.042	Primary osteoarthritis left hand	
Z89.511	Acquired absence of right leg below knee	

Prognosis good	**Mental and Psychosocial Status** COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Amputation, Endurance, Ambulation, Bowel/Bladder Incontinence	**Activities Permitted** Wheelchair
DME & Supplies wound care supplies, hand held shower, diabetic supplies	**Safety Measures** wheelchair precautions, diabetic precautions, fall precautions, standard precautions, medication safety, , smoke detectors , emergency phone # clearly displayed, anticoagulant precautions,
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** capsicum penicillin nsaids basaglar

McCullough, Mable | Cert Period 09/08/26 - 11/06/26

Advance Directives	Caregiver Status
No Advance Directive	2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	SN, PT and OT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

PT Eval

3 - ROC - SN

3 - ROC - SN: roc 2 - wound vacuum

4 - Recertification SN

4 - Recertification

PT Eval

OT Eval

OT Eval

SN CAREPLAN

SN frequency WK1: 2 (09/08/26-09/12/26),WK2: 1 (09/13/26-09/19/26),WK2: 2 (09/13/26-09/19/26),WK3: 3 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26)

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, 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,

SN NARRATIVE

Home health nursing recertification visit completed for patient with wound VAC to the right below-knee amputation site. Wound VAC dressing changed per orders. Patient tolerated the procedure with minimal discomfort. No signs or symptoms of infection noted. Patient remains in stable condition, with vital signs within normal limits. Education provided on monitoring the wound VAC, maintaining the prescribed suction, recognizing alarms or loss of seal, infection prevention, and applying the rescue dressing if the wound VAC malfunctions. Patient continues to require skilled nursing services for ongoing wound assessment, wound VAC management, dressing changes, infection monitoring, and continued education. Patient verbalized understanding.

SN GOALS

PATIENT-STATED GOAL: Patient stated she would like to heal properly without difficulty

GOALS
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
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

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:No Advance Directive

09/10/2026 Problems : #1 - Observable Surgical Wound - Other - Right foot/toe -
balance deficit
open sores/lesions
limited range of motion
limited endurance
abnormal BS < 70/140 > mg/dL
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Other - Right BKA -, physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right foot/toe -: Cleanse wound with wound cleaner and pat dry, paint with betadine wrap with Kerlix and ace wrap daily and PRN for soiled dressing., physician-ordered wound care: Cleanse wound with wound cleaner and pat dry, wrap with Kerlix and ace wrap daily and PRN for soiled dressing.

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

caregiver performs medical/rehabilitation treatments with adequate competence

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

caregiver administers and/or packages medications appropriately

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

OT CAREPLAN
OT frequency WK1: 1 (09/08/26-09/12/26),WK1: 5 (09/08/26-09/12/26)

09/10/2026 Problems : Pain Interference with Therapy activities
GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, wheelchair training, home exercise program: Bilateral UE triceps extensions, biceps curls, shoulder raises, triceps kick backs 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: 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 to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, 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, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT NARRATIVE
The patient is an 83-year-old female presenting to skilledOT services s/p hospitalization secondary to new wound VAC to the right BKA site.

Past medical history significant for atrial fibrillation, CKD, Diabetes, Glaucoma, HTN, CVA. She previously resided in a SFH with her daughter and family. Patient completed basic self care, functional transfer and functional ambulation tasks. Patient's family assisted with IADLS including laundry and cleaning tasks. 2nd floor setup 13 steps.

Patient currently presents with decreased standing balance, standing tolerance, bilateral UE strength and activity tolerance resulting in decreased self care, functional transfer, and functional mobility tasks. Skilled OT services recommended at this time to address deficits hindering Patient from returning to plof.

OT GOALS
PATIENT-STATED GOAL: Go up and down the stairs

GOALS
12 Steps - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

Wheel 150 feet - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

	4 Steps - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 10 Feet - 04. Supervision or touching assistance Toilet Transfer - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance Eating - 06. Independent 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 Oral Hygiene - 05. Setup or clean-up assistance 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

PT CAREPLAN
PT frequency WK1: 1 (09/08/26-09/12/26),WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26),WK6: 1 (10/11/26-10/17/26)

09/08/2026 Problems : GG0170O1 - 12 Steps
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170D1 - Sit to Stand
GG0170M1 - 1 - Step (curb)
GG0170M1 - 1 - Step (curb)
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170M1 - 1 - Step (curb)
GG0170M1 - 1 - Step (curb)
GG0170F1 - Toilet Transfer

PROCEDURES: Family training : Transfers, therex, stump desensitization, standing tolerance, Pre Prosthetic training : Desensitize stump with rubbing and tapping. Don stump shrinker and knee immobilizer, wrap stump with ace wrap, Standing tolerance at walker.: On left leg as long as possible, wheelchair training, home exercise program: Supine quad sets, hip flexion, bridging with pillow, straight leg raise, sidelying hip abduction, prone knee flexion and hip extension. Sitting knee extension, gait training/stair training, 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, 1 - Step (curb) - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 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

PT NARRATIVE
Daughter reports client will be admitted to Mercy hospital tomorrow for incision revision. Sit to stand from recliner moderate assistance by daughter. Declined to practice transfers with therapist. Supine and sitting exercises. 20 x each . Client reports she is tired today after eating lunch. Plan to follow after admission. No improvement noted this visit. Plan to continue after surgical revision of right BKA.

PT GOALS
PATIENT-STATED GOAL: To be able to walk with my new leg

GOALS
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

12 Steps - 02. Substantial/maximal assistance

4 Steps - 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 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

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

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/04/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 06/22/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **Naisha Williams**
301 Saint Paul St
Baltimore, MD 21202
NPI 1649779851

Phone Number 410-500-5500

Fax Number 14106595691

Physician's Signature and Date Signed

X

Naisha Williams, MD
06/22/2026: Date of physician last face-to-face