FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 10/19/2026

To:
Michelle York , MD

From:
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:
Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1150/22582

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
7QP2DC3FH06	10/11/2026	10/11/2026 - 12/09/2026	31207	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Gloria Scott 4340 Orchard Ridge Blvd Apt 307 Baltimore, MD 21213	Female	03/05/1945	443-977-7883
	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 81-year-old female referred for home health services following a recent hospitalization and rehabilitation stay related to a right below-knee amputation (BKA) performed secondary to peripheral vascular disease (PVD) following a myocardial infarction (MI). The right BKA incision is fully healed without reported complications. Past medical history is significant for end-stage renal disease (ESRD) requiring hemodialysis three times weekly on Monday, Wednesday, and Friday; chronic kidney disease; congestive heart failure (CHF); diabetes mellitus (DM); anemia; depression; anxiety; low vision; and a history of cervical spine surgery related to decreased bilateral upper-extremity function. The patient resides alone in an apartment; however, her daughter and son were present during the assessment and provide assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), meal preparation, shopping, and errands. The patient currently has a hospital bed, Hoyer lift, and wheelchair available in the home. She is incontinent of both bowel and bladder. Skin assessment revealed a small Stage 2 pressure injury to the left buttock. No wound care orders were present in the home at the time of assessment; appropriate follow-up and monitoring are indicated to prevent deterioration and promote healing. The patient does not currently have all prescribed medications available in the home. Her son reported that he will obtain the outstanding prescriptions tomorrow. Medication reconciliation and reinforcement of medication adherence will be necessary once all medications are available. The patient requested home health aide (HHA) services to assist with hygiene and personal care needs. Physical therapy (PT) and occupational therapy (OT) evaluations have been ordered to address impaired strength, mobility, transfers, ADL performance, and safety. Skilled nursing (SN) is recommended at a frequency of 2 visits per week for 2 weeks followed by 1 visit per week for 2 weeks, with the next SN visit planned for Tuesday. During the functional assessment, the patient was observed resting in a hospital bed with her

Physician Statement on Homebound Status:

After undergoing Right below-knee amputation, 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.

daughter present. Bed mobility, including supine-to-sit and sit-to-supine transitions, required moderate assistance. The patient was able to scoot upward in bed with moderate assistance while the therapist stabilized her feet. Once seated at the edge of the bed, she maintained sitting with close supervision for approximately 5 minutes. Sit-to-stand transfer from the bed to a walker required moderate assistance of two persons. The patient was able to stand on the left lower extremity for approximately 20 seconds but demonstrated significant weakness and limited functional endurance. She was unable to independently scoot or maneuver sufficiently to complete a transfer to the wheelchair. A Hoyer lift was therefore utilized to transfer the patient from the bed to the wheelchair with dependent assistance. The daughter was instructed in and observed performing the wheelchair-to-bed transfer, requiring multiple verbal and physical cues for safe technique and positioning. Wheelchair mobility and wheelchair skills were not formally assessed during this visit. The patient remains homebound due to significant difficulty and taxing effort required to leave the home, requiring a wheelchair and assistance from another person for mobility and transportation. The patient demonstrates substantial functional limitations, including generalized weakness, impaired balance, decreased endurance, impaired transfer ability, dependence on a wheelchair and Hoyer lift for safe mobility, and increased risk for falls. These deficits significantly limit her ability to safely perform ADLs and functional mobility independently and place her at continued risk for injury and further functional decline. Skilled home health therapy is medically necessary to address strength, balance, bed mobility, transfer training, functional mobility, safety awareness, and caregiver education with the goal of maximizing the patient's independence and reducing caregiver burden. A home exercise program consisting of supine and seated therapeutic exercises was provided, and the patient and daughter were instructed to perform the exercises daily as tolerated. Education was also provided regarding fall prevention, safe transfer techniques, positioning, pressure injury prevention, and the importance of appropriate caregiver support. The daughter was advised that if she becomes unable to safely provide the level of care required by the patient, additional care arrangements or return to the hospital may be necessary to ensure patient safety. Continued skilled nursing, PT, OT, and HHA services are indicated to support the patient's medical management, skin integrity, medication management, personal care needs, functional recovery, and safe transition toward the highest achievable level of independence. The patient remains appropriate for continued home health services due to her significant medical complexity and functional limitations.

Date of Order
10/11/2026
Orders

Physician Face-to-Face Date: 10/01/2026
Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Right below-knee amputation
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: soc
PT Eval Notes:

Physician
York, Michelle

ICD-10 CM Principal Diagnosis: Z47.81. Encounter for orthopedic aftercare following surgical amp

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
Z89.511	Acquired absence of right leg below knee	ACETAMINOPHEN 650 MG MG mouth every 6 hours PRN for Pain Do Not exceed more than 3 grams per day. ELIQUIS 2.5 MG MG mouth every 12 hours for PE ATORVASTATIN 80 MG MG mouth at bedtime for HLD CLOPIDOGREL 75 MG MG mouth one time a day for CAD EZETIMIBE 10 MG MG mouth at bedtime for cholesterol control GABAPENTIN 100 MG MG mouth at bedtime for Neuropathy pain
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	
I50.23	Acute on chronic systolic (congestive) heart failure	
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	
N18.6	End stage renal disease	
D63.1	Anemia in chronic kidney disease	
Z99.2	Dependence on renal dialysis	
J15.69	Pneumonia due to other Gram-negative bacteria	
J43.2	Centrilobular emphysema	
E78.5	Hyperlipidemia unspecified	
I21.3	ST elevation (STEMI) myocardial infarction of unsp site	
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	
I48.91	Unspecified atrial fibrillation	
N63.20	Unspecified lump in the left breast unspecified quadrant	
J44.9	Chronic obstructive pulmonary disease unspecified	
F17.200	Nicotine dependence unspecified uncomplicated	
S19.81XD	Other specified injuries of larynx subsequent encounter	
M19.041	Primary osteoarthritis right hand	
M19.042	Primary osteoarthritis left hand	
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	
M48.00	Spinal stenosis site unspecified	
R32.	Unspecified urinary incontinence	
Z79.01	Long term (current) use of anticoagulants	
Z79.02	Long term (current) use of antithrombotics/antiplatelets	
Z79.4	Long term (current) use of insulin	
Z95.5	Presence of coronary angioplasty implant and graft	

Prognosis
Fair

Mental and Psychosocial Status
COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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

Functional Limitations
Bowel/Bladder Incontinence, Paralysis, Endurance, Dyspnea With Minimal Exertion

Activities Permitted
Up As Tolerated, Transfer bed/Chair, Wheelchair

DME & Supplies	Safety Measures
diabetic supplies, hospital bed, hoyer lift, wheelchair, wound care supplies	diabetic precautions, emergency phone # clearly displayed, fall precautions, medication safety, no bp left arm, sharps precautions, standard precautions, supervision at all times, transfer with assist, wheelchair precautions
Nutrition	**Allergies**
diabetic	lisinopril silver sulfadiazine avandia

Advance Directives	Caregiver Status
MOLST form present	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	SN: family/caregiver will be responsible for managing treatment PT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

PT Eval

SN CAREPLAN

SN frequency WK1: 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, Blood Sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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; 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:MOLST form present

10/14/2026 Problems : #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right buttock - No wound care orders at this time
M1610 - Urinary Incontinence
M1620 - Bowel Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
abn cholesterol > 200 mg/dL
abnormal blood pressure
weak pulses in feet
delayed capillary refill
coughing
weak hand grips
extremity burn/tingle/numb
limited strength
muscle weakness
poor muscle tone
open sores/lesions
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
meal preparation
M2102c - Med Admin
Pain Effect on Sleep
Pain Interference with Therapy activities

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Right buttock - No wound care orders at this time, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, monitor dialysis schedule

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, * bowel incontinence management including dietary changes bowel training skin care, 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, meal preparation is available to patient for

SN NARRATIVE

Patient ordered home health care services s/p hospitalization and rehab stay due to right BKA. Patient right BKA incision is healed. Patient PMHx includes ESRD on hemodialysis Monday Wednesday and Friday, dm, depression m anxiety, low vision. Patient resides alone in an apartment and her daughter and son who were present during this assessment provide assistance with adls, iadls, meal prep shopping and errands. Patient has a hospital bed, hoyer lift, and a wheelchair at this time. Patient is incontinent of urine and stool. Patient has a small stg 2 pressure injury to her left buttock. No wound care orders in the home at this time. Patient does not have all prescribed medications in her home. Patient's son states he will pick up prescriptions tomorrow. Patient is requesting hha for assistance with hygiene management. PT and OT evals ordered with referral for home health care services. Recommended SN frequency 2w2 1w2. Next SN visit Tuesday.

SN GOALS

PATIENT-STATED GOAL: I want to get stronger

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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/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
* bowel incontinence management including dietary changes
* bowel training
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

all meals, caregiver administers and/or packages medications appropriately	

PT CAREPLAN
PT frequency WK1: 1 (10/11/26-10/17/26)

10/14/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170D1 - Sit to Stand
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170M1 - 1 - Step (curb)
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170F1 - Toilet Transfer

PROCEDURES: Family training : Hoyer lift training., wheelchair training, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Prone knee flexion. Sitting knee extension, ankle pumps. Standing right hip abduction and extension, equipment training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal 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

PT NARRATIVE
Client is an 81 year old with recent hospitalization due to MI and PVD. Underwent Right BKA. History includes CKD WITH ESRD AND DIALYSIS, CHF, DM, ANEMIA, C SPINE SURGERY DUE TO DECREASED FUNCTION IN UES. Arrived with client in hospital bed with daughter present. Bed mobility for supine to sit and sit to supine with moderate assistance. Scoot up in bed with therapist holding feet in place with moderate assistance. Sit at the side of the bed with close supervision 5 min. Sit to stand from bed with moderate assistance x 2 persons to walker. Stood on left leg 20 seconds. Unable to scoot around to transfer to wheelchair. Used hoyer lift from bed to wheelchair with dependent assistance. Daughter observed and performed transfer wheelchair to bed with many cues. Therapist did not assess wheelchair skills . Client is homebound due to significant effort to leave home with wheelchair and human assistance. At risk for falls due to weakness. Client would benefit from home therapy to increase strength and functional mobility. Educated daughter that if she is unable to care for client then she will need to go back to the hospital. Home program was issued for supine and sitting exercises and instructed to perform daily. PTA used rollator to exit apartment.

PT GOALS
PATIENT-STATED GOAL: To be able to walk again

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching 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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal 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

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 10/11/2026

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: 10/01/2026

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 **Michelle York**
1800 Orleans St
Baltimore, MD 21287
NPI 1831777416

Phone Number 4105229800

Fax Number 14103672174

Physician's Signature and Date Signed

X

Michelle York, MD
10/01/2026: Date of physician last face-to-face

Scott, Gloria | Cert Period 10/11/26 - 12/09/26