Home Health Certification and Plan of Care

Order ID: 1150/12204

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7TT4KW1DF87	09/10/2025	From: 09/10/2025 To: 11/08/2025	10241	217058

6. Patient's Name and Address

Clifton Bowles
208 Coronet Dr,
LINTHICUM HEIGHTS, MD 21090-
410-245-1298

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 08/28/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S42.212D	Unsp disp fx of surg nk of l humer subs for fx w routn heal	09/10/25

13. ICD	Other Pertinent Diagnoses	Date
S00.81XD	Abrasion of other part of head subsequent encounter	09/10/25
S80.211D	Abrasion right knee subsequent encounter	09/10/25
S80.212D	Abrasion left knee subsequent encounter	09/10/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	09/10/25
I10.	Essential (primary) hypertension	09/10/25
E78.00	Pure hypercholesterolemia unspecified	09/10/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	09/10/25
E11.3313	Type 2 diab with moderate nonp rtnop with macular edema bi	09/10/25
I48.91	Unspecified atrial fibrillation	09/10/25
I70.0	Atherosclerosis of aorta	09/10/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/10/25
I65.29	Occlusion and stenosis of unspecified carotid artery	09/10/25
I44.2	Atrioventricular block complete	09/10/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/10/25
E66.9	Obesity unspecified	09/10/25
Z68.32	Body mass index [BMI] 32.0-32.9 adult	09/10/25
Z91.81	History of falling	09/10/25
Z95.0	Presence of cardiac pacemaker	09/10/25
Z95.1	Presence of aortocoronary bypass graft	09/10/25
Z95.4	Presence of other heart-valve replacement	09/10/25
Z85.038	Personal history of malignant neoplasm of large intestine	09/10/25
Z86.0100	Personal history of colonic polyps	09/10/25
Z79.4	Long term (current) use of insulin	09/10/25
Z79.01	Long term (current) use of anticoagulants	09/10/25

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

Glipizide - Glipizide 10 MG, Give 1 tablet by mouth once a day For DM.
Lantus - Insulin Glargine Recombinant 100 UNIT/ML, Inject 30 unit subcutaneous once a day
Acetaminophen - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours
Magnesium - Simethicone 250 MG, Give 2 tablet by mouth once a day For Supplement Give 2 tablets
Atorvastatin Calcium - Atorvastatin Calcium 10 MG, Give 1 tablet by mouth once a day for HLD.
Metoprolol Tartrate - Metoprolol Tartrate 25 MG, Give 1 tablet by mouth twice a day for HTN.
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM, Give 1 packet by mouth once a day for Bowel Regimen for 3 Days
Glucophage - Metformin Hydrochloride 500 mg 500mg by mouth twice a day
Iron - Ferrous Sulfate: Folic Acid 2,000 unit 1 tab by mouth once a day Supplement
Eliquis - Apixaban 2.5 mg, Take 1 tablet by mouth twice a day Clotting
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day Supplement
Lisinopril - Lisinopril 2.5 mg 1 tab by mouth once a day Hypertension

14. DME and Supplies:

wheelchair, bath bench, cane

15. Safety Measures:

medication safety, infectious material management, sharps precautions, restricted ROM, transfer with assist, supervision at all times, non-slip surface in tub, no bp left arm, fall precautions, bleeding precautions, diabetic precautions, ambulates with assistance, bathroom safety, standard precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

heparin penicillins

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified Displaced Fracture Of Surgical Neck Of Left Humerus, Subsequent Encounter For Fracture With Routine Healing, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Umme Yasmin
7670 Quaterfield Rd
Pasadena, MD 21122
PHONE: 410-508-7650 FAX: 1-410-553-2465 NPI: 1164702874

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 : 09/04/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Clifton Bowles 208 Coronet Dr, LINTHICUM HEIGHTS, MD 21090- 410-245-1298	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 84-year-old male with a past medical history of type 2 diabetes mellitus, atrial fibrillation, hypertension, and coronary artery disease who presented to the emergency department on 9/4/2025 with left shoulder pain following a fall in his driveway. Imaging confirmed a fracture of the left proximal humerus. There was no surgical intervention, and he was advised by orthopedics to continue using a sling for arm support and allow gravity to assist with positioning for bone healing. On home health skilled nursing admission, the patient was resting comfortably in a recliner with his spouse, Linda, present. He reported a pain level of 2/10, which he stated was well controlled with prescribed analgesics. He discontinued oxycodone due to opioid-induced constipation, reporting no bowel movement for three days. The patient also endorsed neck discomfort from sling use and difficulty sleeping, often remaining awake through the night. He was advised to follow up with his provider regarding sleep management. On assessment, the patient was alert and oriented, with multiple lacerations and bruising from the fall. Lacerations were cleansed by the skilled nurse, and both the patient and his spouse were educated on proper wound care, including cleansing with mild soap and water, monitoring for signs of infection, and when to seek medical attention. His spouse verbalized understanding of instructions. The patient and his wife report being well informed in diabetes management, having attended a diabetes education class, and currently have no questions or concerns regarding glycemic control. Medications were reviewed and reconciled with no discrepancies, missing doses, or refill needs noted. Functionally, the patient lives with his spouse, who provides consistent support. He has a history of six falls within the past year, with his spouse reporting increased difficulty with his left lower extremity since prior cardiac surgery, contributing to instability. His home environment includes four steps at one entrance and seven steps to access the bedroom and bathroom from the sunroom, presenting additional mobility challenges. Prior to this incident, the patient ambulated with a quad cane but demonstrated decreased safety awareness. On current evaluation, he presents with left shoulder pain, bilateral lower extremity weakness, decreased balance, unsteady gait, difficulty negotiating stairs, and overall reduced functional mobility, placing him at high risk for additional falls and loss of independence. The patient is admitted to the home health agency for skilled nursing services focused on pain management, wound care, medication monitoring, education, and fall prevention. He has also been referred for skilled physical therapy to address deficits in strength, balance, gait, and transfer safety. PT will begin on 9/12/25 with a frequency of 1 visit the first week, 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> weekly for 2 weeks, followed by 1 visit weekly for 5 weeks (Mondays preferred). The plan of care will emphasize improving safety awareness, functional mobility, endurance, and stair negotiation to restore independence and reduce fall risk. Both the patient and spouse were in agreement with the plan of care, and admission paperwork was signed.
 Date of Order 09/10/2025 Orders Physician Face-to-Face Date: 09/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat hha-adl's due to Unspecified Displaced Fracture Of Surgical Neck Of Left Humerus, Subsequent Encounter For Fracture With Routine Healing 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 Yasmin, Umme

SN Careplans

SN WK1: 1 (09/10/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25) ,WK7: 1 (10/19/25-10/25/25)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, constipation, limited strength, limited range of motion, swelling of affected area, Pain Interference with Therapy activities, pain radiating to arms/legs, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, red/tender pressure points, bruising/discoloration, swell/redness surround. skin, #1 - Abrasion - Anterior Left Knee - , #2 - Abrasion - Posterior Left Elbow/Forearm - , #3 - Abrasion - Anterior Right Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, physician-ordered wound care: TO LEFT KNEE AND ELBOW ABRASION SITES: CLEANSE WITH SOAP AND WATER. OPEN TO AIR. SN TO MONITOR WOUNDS AND EDUCATE PATIENT/CG ON S/ S OF INFECTION AND TO REPORT INCREASED PAIN,SWELLING AND/ OR DRAINAGE TO MD. ALSO EDUCATE PATIENT/ CG HOW DIABETES DX AFFECTS HEALING PROCESS

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to

SN Goals

PATIENT-STATED GOAL: Get up and do my own thing!

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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

meal preparation is available to patient for all meals

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/10/2025

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manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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

PT Careplans

PT WK1: 1 (09/10/25-09/13/25) ,WK2: 2 (09/14/25-09/20/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/04/25) ,WK5: 1 (10/05/25-10/11/25) ,WK6: 1 (10/12/25-10/18/25) ,WK7: 1 (10/19/25-10/25/25) ,WK8: 1 (10/26/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: seated therex, hip flexion, Long Arc Quad, hip abduction and pillow squeeze. Standing therex with biaxial support, mini squat, heel raise, hip flexion, hip abduction, hip extension and leg curls, Copy of HEP left in home with instructions to complete twice/day., therapeutic modalities, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I want to get back to walking tand to get back to what I used to be able to do

GOALS
Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/10/2025