

Home Health Certification and Plan of Care				Order ID: 1150/12532	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
51309748		09/18/2025		From: 09/18/2025 To: 11/16/2025	
				4. Medical Record No.	
				17533	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Ricardo Fowlkes				HomeCentris Healthcare LLC	
1401 North Lakewood Ave Apt 406,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21213-				Owings Mills, MD 21117-8284	
443-761-4551				410-321-8448	
				1487113239	
8. DOB				10/11/1952	
9. Sex				Male	
11. ICD		Principal Diagnosis		Date	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unspr chr kdny		09/18/25	
13. ICD		Other Pertinent Diagnoses		Date	
I50.33		Acute on chronic diastolic (congestive) heart failure		09/18/25	
I50.22		Chronic systolic (congestive) heart failure		09/18/25	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		09/18/25	
N18.30		Chronic kidney disease stage 3 unspecified		09/18/25	
M10.9		Gout unspecified		09/18/25	
I48.0		Paroxysmal atrial fibrillation		09/18/25	
G47.33		Obstructive sleep apnea (adult) (pediatric)		09/18/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		09/18/25	
E78.5		Hyperlipidemia unspecified		09/18/25	
E87.6		Hypokalemia		09/18/25	
I27.20		Pulmonary hypertension unspecified		09/18/25	
Z79.01		Long term (current) use of anticoagulants		09/18/25	
14. DME and Supplies:				15. Safety Measures:	
grab bars, rolling walker				infectious material management, , sharps precautions, remove environmental barriers, , inadequate medication storage area, , electrical safety measures, diabetic precautions, cardiac precautions, bathroom safety, ambulates with assistance, activity supervision	
16. Nutrition:				17. Allergies:	
diabetic				metformin	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance, Balance				Walker, Exercises Prescribed, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No	
20. Prognosis:				good	
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status:				Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney 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:				<div>The patient is a 72-year-old who was recently hospitalized for chronic kidney disease. Her past medical history includes congestive heart failure, type 2 diabetes mellitus, gout, atrial fibrillation, obstructive sleep apnea, gastroesophageal reflux disease, hyperlipidemia, hypokalemia, and a history of tobacco use. She lives alone in an elevator-accessible apartment and ambulates indoors up to approximately 30 feet without an assistive device; transfers to the toilet and chair require supervision. She is not sleeping in bed but instead sleeps in a soft chair with her legs in a dependent position. The therapist did not assess community mobility, car transfers, or stair negotiation. She is noncompliant with CPAP therapy and reports occasional smoking. The patient is considered homebound due to the significant effort required to leave home, with a Tinetti score of 15/28, and would benefit from home-based therapy to increase strength and restore independence. She was instructed to elevate her legs while sleeping and to take all medications per the discharge instructions.</div><div> </div><div> </div><div>Date of Order</div><div>09/18/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 09/16/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - PT Notes: soc</div><div>OT Eval Notes:</div><div>Physician</div><div>Varghese, Sherin</div></div>	
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/18/2025					
24. Physician's Name and Address				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.	
Sherin Varghese				F2F date : 09/16/2025	
2931 Greenspring Drive					
Timonium, MD 21093					
PHONE: FAX: NPI: 1952471153					
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.	
				PAGE 1 of 3	

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6. Patient's Name and Address Ricardo Fowlkes 1401 North Lakewood Ave Apt 406, BALTIMORE, MD 21213- 443-761-4551			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			
PT Careplans PT WK1: 1 (09/18/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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; 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, limited strength, muscle weakness, limited endurance, Pain Interference with ADLs, balance deficit, Pain Effect on Sleep, obesity, rough/scaly/cracked skin, bruising/discoloration, #1 - Other - Other - End of left great toe - PROCEDURES: Home exercise program : Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps,hip flexion., Dynamic and static standing balance training, Dynamic and static standing balance training, Medication Review - : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area 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, * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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 manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 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: To be independent to walk outside and return to driving GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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 cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet * exercise * monitoring of blood pressure * blood sugar * home * recalls related medication(s) purpose, schedule remedies patient/caregiver recalls * how to manage gout flare-ups including non-medical pain relief * dietary modifications * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 06. Independent Car Transfer - 06. Independent			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles SN RN			09/18/2025			

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		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 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		

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles SN RN	Date 09/18/2025