Home Health Certification and Plan of Care

Order ID: 1150/13863

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: 11/09/2025 To: 01/07/2026	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:
walker, sling, cane

15. Safety Measures:
None of the above,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
heparin penicillins

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted
Cane, Independent at Home, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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.

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/05/2025

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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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-9 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 11/05/2025 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
 4 - Recertification Notes: RECERT due to fracture. Physician Yasmin, Umme

SN Careplans	SN Goals

OT Careplans	OT Goals
OT WK1: 2 (11/09/25-11/15/25) ,WK2: 2 (11/16/25-11/22/25) 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: 0-90 HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion 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	PATIENT-STATED GOAL: to return to PLOF GOALS 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 Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Oral Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/05/2025

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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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, dizziness/syncope, M1033 - Exhaustion, limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

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