Home Health Certification and Plan of Care

Order ID: 1150/15639

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6UC9CU4DK47	01/20/2026	From: 01/20/2026 To: 03/20/2026	20971	217058

6. Patient's Name and Address

Earlie Towe
3923 Shenton Rd,
Randallstown, MD 21133-
443-253-9485

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 11/13/1943 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
G40.909	Epilepsy unsp not intractable without status epilepticus	01/20/26
I10.	Essential (primary) hypertension	01/20/26
E11.9	Type 2 diabetes mellitus without complications	01/20/26
I25.5	Ischemic cardiomyopathy	01/20/26
M10.40	Other secondary gout unspecified site	01/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/20/26
I69.320	Aphasia following cerebral infarction	01/20/26
K59.09	Other constipation	01/20/26
E55.9	Vitamin D deficiency unspecified	01/20/26
E78.49	Other hyperlipidemia	01/20/26
F01.518	Vascular dementia unsp severity with other beh disturb	01/20/26
H40.9	Unspecified glaucoma	01/20/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	01/20/26

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

Acetaminophen - Acetaminophen 325 MG Oral Tablet,take 2 tablet by mouth every 12 hours Give 2 tablet by mouth every 12 hours as needed for PAIN
Allopurinol - Allopurinol 100 MG Oral Tablet,take 1 tablet by mouth once a day Allopurinol Oral Tablet 100 MG (Allopurinol) Give 1 tablet by mouth one time a day for Gout
Eliquis - Apixaban 5 MG Oral Tablet,take 1 tablet by mouth twice a day Oral Tablet 5 MG (Apixaban) Give 1 tablet by mouth two times a day for A-Fib
Atorvastatin Calcium - Atorvastatin Calcium 80 MG Oral Tablet,take 1 tablet by mouth once a day Oral Tablet 80 MG (Atorvastatin Calcium) Give 1 tablet by mouth one time a day for Hyperlipidemia
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 600 MG Oral Tablet,take 1 tablet by mouth twice a day Oral Tablet 600 MG (Calcium Carbonate) Give 1 tablet by mouth two times a day for hypocalcemia
Cholecalciferol 10 MCG (400 UNIT) Oral Capsule by mouth once a day Oral Capsule 10 MCG (400 UNIT) (Cholecalciferol) Give 400 unit by mouth one time a day for Supplement.
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 2-0.5 % Ophthalmic Solution,) Instill 1 drop right eye twice a day c Solution 2-0.5 % (Dorzolamide HCl-Timolol Maleate) Instill 1 drop in right eye two times a day for Glaucoma.
Diltiazem Hydrochloride - Diltiazem Hydrochloride Take 120 mg oral capsule by mouth once a day Dilt-XR Oral Capsule Extended Release 24 Hour 120 MG (Diltiazem HCl) Give 120 mg by mouth one time a day for HTN Hold if systolic less than 110 or R less than 60
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule,take 1 capsule by mouth at bedtime Flomax Oral Capsule 0.4 MG (Tamsulosin HCl) Give 1 capsule by mouth at bedtime for BPH
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM Oral Packet,take 1 packet by mouth once a day Oral Packet 17 GM (Polyethylene Glycol 3350) Give 1 packet by mouth every 24 hours as needed for constipation mix with 4-8 oz of juice or water
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Oral Tablet (Multiple Vitamins w/ Minerals) Give 1 tablet by mouth one time a day for Supplement.
Oxcarbazepine - Oxcarbazepine 300 MG Oral Tablet, take1 tablet by mouth every 12 hours OXcarbazepine Oral Tablet 300 MG (Oxcarbazepine) Give 1 tablet by mouth every 12 hours for Seizure
Zioptan - Tafluprost 0.0015 % Ophthalmic Solution,Instill 1 drop both eyes at bedtime Ophthalmic Solution 0.0015 % (Tafluprost) Instill 1 drop in both eyes at bedtime for Glaucoma.

14. DME and Supplies:

walker

15. Safety Measures:

bathroom safety, ambulates with assistance, activity supervision, bleeding precautions, fall precautions, walker precautions, standard precautions, diabetic precautions, anticoagulant precautions

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Speech,

18.B. Activities Permitted

Walker

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 01/08/2026

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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another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

Homebound status: Due to diagnosis of Unspecified atrial fibrillation, 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 hard of hearing and has a communication barrier secondary to two prior cerebrovascular accidents. The patient reports pain in the toe and ambulates with a walker. Skin is noted to be dry but intact. The patient demonstrates a need for medication education, including instruction on proper fingerstick blood glucose monitoring.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/08/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Unspecified atrial fibrillation
 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>
 1 - SOC - SN Notes: <o:p></o:p> Physician: Rollins Mrs., Lawanda

SN Careplans

SN WK1: 1 (01/18/26-01/24/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; 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 ; 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.

No incision or skin issuies
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, swelling of affected area, limited range of motion, impaired speech, B0200 - Hearing Deficit

PROCEDURES: Medication review: Medication reviewed with caregiver, Fingersticks ac/hs: Fingerstick ac/ hs note reading, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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

SN Goals

PATIENT-STATED GOAL: Per daughter goal is to get dad comfortable and learn fingerstick .

GOALS
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
* exercises to recover speech function
* 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 medicatio

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Medication review

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * exercises to recover speech function, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Medication review

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026