Home Health Certification and Plan of Care

Order ID: 1150/16596

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
11384529980	02/25/2026	From: 02/25/2026 To: 04/25/2026	22827	217058

6. Patient's Name and Address

Akinola Idowu
7124 Winter Rose Path,
Columbia, MD 21045-
202-428-8977

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 01/02/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	02/25/26

13. ICD	Other Pertinent Diagnoses	Date
R33.8	Other retention of urine	02/25/26
I69.354	Hemiplga following cerebral infrc affecting left nondom side	02/25/26
M62.89	Other specified disorders of muscle	02/25/26
H40.89	Other specified glaucoma	02/25/26
N17.8	Other acute kidney failure	02/25/26
E78.49	Other hyperlipidemia	02/25/26
D64.9	Anemia unspecified	02/25/26
E55.9	Vitamin D deficiency unspecified	02/25/26
E87.0	Hyperosmolality and hypernatremia	02/25/26
Z46.6	Encounter for fitting and adjustment of urinary device	02/25/26
Z79.82	Long term (current) use of aspirin	02/25/26
Z86.718	Personal history of other venous thrombosis and embolism	02/25/26

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

LATANOPROST Ophthalmic Solution 0.005 % / 1 drop both eyes at bedtime for glaucoma
FINASTERIDE 5 mg / 1 Tablet by mouth once a day for BPH
Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day for CVA
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for hyperlipidemia
Colace - Docusate Sodium 100 mg / 1 Tablet by mouth twice a day for bowel regimen
Cosopt - Dorzolamide Hydrochloride: Timolol Maleate eq 2 perc base;eq 0.5 perc base 1 drop both eyes twice a day for glaucoma x 3 months
Ergocalciferol - Ergocalciferol 50 MCG (2000 UT) / 1 Tablet by mouth once a day for vit d deficiency
Flomax - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth once a day for bph
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 25 MG / 1 Tablet by mouth once a day for HTN
Miralax - Polyethylene Glycol 3350 17 g by mouth once a day every 24 hours as needed for
Constipation in 4 to 8 ounces of fluid-if resident has not had a bowel movement in past 72 hours.
Tylenol Es - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours Give 2 tablet as needed for pain

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, commode, walker, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , medication safety, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, remove environmental barriers, supervision at all times, transfer with assist, wheelchair precautions, standard precautions, hand rails, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Benign prostatic hyperplasia with lower urinary tract symptom, 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:

An 86-year-old Nigerian male with a past medical history significant for cerebrovascular accident (CVA) with residual left-sided deficits, benign prostatic hyperplasia (BPH), glaucoma, history of deep vein thrombosis (DVT), hyperlipidemia, and anemia was recently hospitalized for severe obstructive acute kidney injury (AKI) secondary to urinary retention after discontinuation of tamsulosin due to insurance issues. He presented with difficulty urinating and gross hematuria for approximately two weeks and was found to have a creatinine of 13.7 mg/dL and hyperkalemia (K 7.1 mmol/L). Imaging demonstrated bladder blood products, bilateral hydroureteronephrosis, and a markedly enlarged prostate. A Foley catheter was placed, and the patient underwent cystoscopy with clot evacuation on January 27, 2026. During hospitalization, renal function improved to near baseline and hematuria resolved; however, the course was complicated by anemia requiring one unit of PRBC transfusion and significant deconditioning. The patient was discharged to a skilled nursing facility for rehabilitation and later referred for skilled home health services due to persistent functional decline, generalized weakness, impaired balance, and reduced mobility. On evaluation, he demonstrates bilateral lower extremity weakness (MMT 3+/5 right, 3/5 left), impaired dynamic balance with increased fall risk, decreased endurance (<100 ft ambulation tolerance), and gait abnormalities including decreased step length, reduced left stance time, and slow cadence. He requires standby assistance for bed mobility, contact guard assistance for sit-to-stand transfers with bilateral upper extremity support, and ambulates 50-75 feet with a rolling walker and contact guard assistance, exhibiting a forward-flexed posture and impaired weight shift to the left. The patient lives with his family in a multi-level home (basement level) and requires assistance with dressing and bathing, performing sink-side bathing with support. Skilled therapy is medically necessary to address strengthening, balance retraining, gait and transfer training, endurance, fall prevention, and caregiver education to improve functional independence and reduce the risk of falls and rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/25/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/16/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Benign prostatic hyperplasia with lower urinary tract symptom
 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:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Swords, Samantha

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Samantha Swords
8115 Maple Lawn Blvd
Fulton , MD 20759
PHONE: 2404591800 FAX: 14103672216 NPI: 1013327923

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 : 02/16/2026

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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Akinola Idowu 7124 Winter Rose Path, Columbia, MD 21045- 202-428-8977	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (02/25/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M1033 - Exhaustion, dependent edema, M1400 - Dyspnea, urine retention, M1610 - Urinary Catheter, limited endurance, limited strength, muscle weakness, balance deficit, difficulty sleeping, daytime fatigue, weak hand grips

PROCEDURES: incentive spirometer, apply anti-embolitic stockings, catheter change, care & irrigation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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

PATIENT-STATED GOAL: Patient states he wants to be able to get up and down his steps to get out of the front door.

GOALS
patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

PT Careplans

PT WK1: 1 (02/25/26-02/28/26) ,WK2: 2 (03/01/26-03/07/26) ,WK3: 2 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 2 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170F1 - Toilet Transfer, 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: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , gait training/stair training, transfers training

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026

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OT WK2: 2 (03/01/26-03/07/26) ,WK3: 2 (03/08/26-03/14/26) ,WK4: 2 (03/15/26-03/21/26) ,WK5: 2 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, transfers training

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4/5 mmt to improve ADLs and transfers within 6 wks

PATIENT-STATED GOAL: Patient wants to get stronger and dress himself better

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 3+/5 mmt to 4/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026