Home Health Certification and Plan of Care

Order ID: 1150/17024

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
461044692	03/11/2026	From: 03/11/2026 To: 05/09/2026	23414	217058

6. Patient's Name and Address

Zxanda Abdul Malik
506 Port St,
BALTIMORE, MD 21205-
443-653-6337

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 11/19/1986 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K76.82	Hepatic encephalopathy	03/11/26

13. ICD	Other Pertinent Diagnoses	Date
E51.2	Wernicke's encephalopathy	03/11/26
D50.9	Iron deficiency anemia unspecified	03/11/26
F32.9	Major depressive disorder single episode unspecified	03/11/26
E53.8	Deficiency of other specified B group vitamins	03/11/26
I10.	Essential (primary) hypertension	03/11/26
E11.9	Type 2 diabetes mellitus without complications	03/11/26
E78.5	Hyperlipidemia unspecified	03/11/26
E46.	Unspecified protein-calorie malnutrition	03/11/26
E66.9	Obesity unspecified	03/11/26
Z98.84	Bariatric surgery status	03/11/26

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

Baclofen - Baclofen 5mg by mouth twice a day muscle spasm
for 3 more days
Calcium Carbonate - Vitamin D 500 mg-5 mcg (200 unit) / 1 Tablet by mouth three times a day supplement
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mcg; 1 tab by mouth once a day supplement
Lexapro - Escitalopram Oxalate eq 10 mg base 10mg; 1 tab by mouth once a day anti-depressant
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg; by mouth once a day aznemia
Folvite - Folic Acid 1 mg 1 mg 1 mg by mouth once a day supplement
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 50mg; 1 tab by mouth twice a day HTN
Multivitamin with iron-minerals 1 tab by mouth once a day supplement
Protonix - Pantoprazole Sodium eq 40 mg base eq 40 mg base by mouth in the morning before meals
GI REFLUX
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day LIVER /WERNICKE'S
Lactulose - Lactulose 20gm/packet 20gm/packet 20gm/packet 20gm; 1 packet by mouth twice a day bowel regimen
liver disease
for 10 days
Metformin - Metformin Hydrochloride 0 500 mg by mouth twice a day

14. DME and Supplies:

walker, commode, wheelchair, hospital bed, rolling walker, TRAPEZE

15. Safety Measures:

wheelchair precautions, , , diabetic precautions, , ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, supervision at all times, activity supervision

16. Nutrition:

diabetic, low sodium, low cholesterol

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Wheelchair, Up As Tolerated, Walker, Exercises Prescribed

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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

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

Homebound status: Due to diagnosis of Hepatic Encephalopathy, 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 a 39-year-old female with a complex recent medical course following hospitalization for hemorrhagic shock secondary to a lower gastrointestinal bleed, complicated by severe anemia requiring transfusion of four units of packed red blood cells, acute liver injury, toxic metabolic encephalopathy, bilateral lower extremity weakness, and depression. The patient was also diagnosed with hepatic encephalopathy and suspected Wernicke's encephalopathy, likely in the context of malnutrition and prior gastric bypass surgery performed six years ago. Her past medical history is significant for hypertension, type 2 diabetes mellitus, hyperlipidemia, obesity status post bariatric surgery, vitamin B and iron deficiencies, depression, and a history of medical noncompliance. Prior to hospitalization, the patient lived alone in a second-floor apartment requiring navigation of 14 steps for entry and was fully independent with activities of daily living (ADLs), instrumental activities of daily living (IADLs), functional mobility, and employment as a flight attendant. Since discharge, the patient demonstrates a significant decline in functional status. She now ambulates approximately 30 feet the home using a rolling walker with supervision, is able to negotiate three steps with bilateral handrails and contact guard assistance, and requires close supervision to contact guard assistance for transfers to bed and bedside commode. Bed mobility is performed with supervision. The patient exhibits decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance, all of which contribute to impaired independence in self-care, functional transfers, and ambulation. The patient is considered homebound due to the considerable physical effort required to leave the home, further supported by a Tinetti balance and gait score of 13/28, indicating a high fall risk. During the visit, therapeutic interventions included adjustment of the bedside commode to a lower height to increase functional challenge and promote strengthening, as well as instruction in sit-to-stand transfers without the use of upper extremities to improve lower extremity strength and functional independence. The patient would benefit from continued skilled home health therapy services, including occupational therapy, to address deficits in strength, balance, and endurance, with the goal of restoring functional independence and returning to prior level of function. Education was provided regarding safe mobility techniques and the importance of adherence to the prescribed therapy plan.
 Date of Order 03/11/2026 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Karen Olorunfemi
1221 Mercantile Lane
largo, MD 20774
PHONE: 8007777904 FAX: NPI: 1629728084

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 : 01/31/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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01/31/2026 Clinical Condition Requiring home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl   msw due to Hepatic Encephalopathy 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: OT Eval Notes:
 Physician Olorunfemi, Karen

SN Careplans

SN WK1: 1 (03/11/26-03/14/26) ,WK2: 2 (03/15/26-03/21/26) ,WK3: 2 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26)

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: 1. Non-agency caregiver(s) currently 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, 9. Other risk(s) not listed in 1- 8

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 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited strength, limited endurance, balance deficit, obesity

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I WANT TO GET BETTER

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/11/2026

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PT WK1: 1 (03/11/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

PATIENT-STATED GOAL: To be able to walk and go back to work.

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

Sit to Stand - 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

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

OT Careplans

OT WK1: 1 (03/11/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: Medication Review : Medication reviewed and modified with patient and caregiver., cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, strengthening exercises, gait training on uneven surfaces, gait training/stair training, transfers training, transfers training, assist with bathing, assist with transferring, assist with lower body dressing, assist with upper body dressing

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, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Get up and down the stairs

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

Shower/Bathe Self - 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

Sit to Stand - 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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/11/2026