Home Health Certification and Plan of Care

Order ID: 1150/17193

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01192282	03/16/2026	From: 03/16/2026 To: 05/14/2026	19335	217058

6. Patient's Name and Address

Joseph Fowlkes
1343 GLENWOOD AVENUE,
BALTIMORE, MD 21239-
443-850-8478

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 05/26/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.92	Unspecified atrial flutter	03/16/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	03/16/26
I45.10	Unspecified right bundle-branch block	03/16/26
I10.	Essential (primary) hypertension	03/16/26
E11.49	Type 2 diabetes w oth diabetic neurological complication	03/16/26
G30.9	Alzheimer's disease unspecified	03/16/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	03/16/26
G21.9	Secondary parkinsonism unspecified	03/16/26
D86.9	Sarcoidosis unspecified	03/16/26
E83.52	Hypercalcemia	03/16/26
E78.5	Hyperlipidemia unspecified	03/16/26
K86.2	Cyst of pancreas	03/16/26
E04.1	Nontoxic single thyroid nodule	03/16/26
E55.9	Vitamin D deficiency unspecified	03/16/26
Z79.01	Long term (current) use of anticoagulants	03/16/26
Z79.4	Long term (current) use of insulin	03/16/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/16/26
Z87.442	Personal history of urinary calculi	03/16/26
Z85.46	Personal history of malignant neoplasm of prostate	03/16/26
Z85.038	Personal history of malignant neoplasm of large intestine	03/16/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/16/26

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

Lipitor - Atorvastatin Calcium 80 mg tablet, Take 1 tablet by mouth once a day
Cardizem Cd - Diltiazem Hydrochloride 240 mg,capsule take 1 capsule by mouth once a day
Aricept - Donepezil Hydrochloride 10 mg, Oral tablet by mouth at bedtime When finished 5 mg, start 10 mg tablets
Pradaxa - Dabigatran Etexilate Mesylate 150 mg oral tablet, Take 2 tablet by mouth twice a day
Lantus Insulin - Insulin Glargine Recombinant 42 units subcutaneous once a day Insulin SEMGLEE
Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 8 mg base 1 tablet by mouth twice a day Chemotherapy
Potassium Chloride - Potassium Chloride 20meq 1 tablet by mouth twice a day Loose stool
Capecitabine - Capecitabine 9 tablets by mouth twice a day 4 tablets by mouth in the morning and 5 tablets by mouth in the evening for 14 days(last day of first 14 is today 12-10-25) then off for 7 days. Then resume.
Chemotherapy medication
Extra Strength Tylenol - Acetaminophen 500mg/tab by mouth as necessary Take 1 tab, PO, Q 8hrs PRN for Pain
Immodium - Loperamide Hydrochloride 2mg cap by mouth as necessary Loose stool
Voltaren - Diclofenac Sodium 1 perc 1% topical as necessary For arthritis pain
Preparation H - Preparation H 1 rectal as necessary For hemorrhoids
Capecitabine - Capecitabine 500 mg by mouth twice a day Take 4 tablets at a time for 14 days
Iron plus Vitamin C 65mg/125mg by mouth once a day

14. DME and Supplies:

walker

15. Safety Measures:

walker precautions, medication safety, fall precautions, diabetic precautions, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

hydrochlorothiazide

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

Homebound status: Due to diagnosis of Unspecified atrial flutter, 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 77-year-old male with a significant past medical history including hypertension, atrial flutter, sarcoidosis, hypercalcemia, hyperlipidemia, Parkinson's disease, pancreatic cyst, colon cancer with multiple recurrences, gastrointestinal bleeding, major neurocognitive disorder, cerebrovascular accident, diabetes mellitus type 2, and prostate cancer. He was admitted to home health services following a recent short stay at an acute care facility for rectal bleeding and generalized weakness. On assessment, the patient was alert and oriented to person and place but not to time, demonstrated impaired recall, and reported an inability to read; however, he was able to follow simple commands. He denied pain, shortness of breath, dizziness, and lightheadedness, and reported a bowel movement the previous day. Physical assessment revealed clear lungs, active bowel sounds, and no edema, nausea, or vomiting. The patient stated that his daughter organizes his medications in a pill container, and medications were reconciled with the EMR due to his inability to recall them. He resides with his grandson and previously lived independently in a two-story home, requiring family assistance for instrumental activities of daily living. Currently, he is functioning at his baseline level for basic self-care, functional transfers, and ambulation; therefore, no additional skilled occupational therapy services are indicated at this time.<o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/16/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/10/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Unspecified atrial flutter
 Homebound Status per Certifying Physician: patient requires another person or medical

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Neelofar Wajahat
7141 Security Blvd
Baltimore, MD 21244
PHONE: 855-902-4974 FAX: 14108473396 NPI: 1083861181

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 : 03/10/2026

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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equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC -SN Notes:<o:p></o:p> 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;">Wajahat, Neelofar

SN Careplans

SN WK1: 1 (03/16/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26)

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

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0700 - Social Isolation, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to learn how to read again."

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

OT Careplans

OT WK1: 1 (03/16/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 -

OT Goals

PATIENT-STATED GOAL: Evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/16/2026

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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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* 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 - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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