Home Health Certification and Plan of Care

Order ID: 1150/18063

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8XF9EA9PX11	04/17/2026	From: 04/17/2026 To: 06/15/2026	24842	217058

6. Patient's Name and Address

Janmie Fowlkes
3308 Fairview Ave Unit A,
BALTIMORE, MD 21216-
443-801-2124

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 12/08/1966 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.032	Cellulitis of left toe	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/17/26
L97.522	Non-prs chronic ulcer oth prt left foot w fat layer exposed	04/17/26
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	04/17/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/17/26
N18.6	End stage renal disease	04/17/26
D63.1	Anemia in chronic kidney disease	04/17/26
Z99.2	Dependence on renal dialysis	04/17/26
M71.572	Oth bursitis not elsewhere classified left ankle and foot	04/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/17/26
I42.9	Cardiomyopathy unspecified	04/17/26
K59.00	Constipation unspecified	04/17/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/17/26
G89.29	Other chronic pain	04/17/26
E66.813	Other obesity	04/17/26
Z86.718	Personal history of other venous thrombosis and embolism	04/17/26
Z79.4	Long term (current) use of insulin	04/17/26
Z79.82	Long term (current) use of aspirin	04/17/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/17/26
Z95.1	Presence of aortocoronary bypass graft	04/17/26

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

ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for Mild Pain (1-4) Do not exceed more than 3 grams per day from all sources
Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day for CAD
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
Cholecalciferol Tablet 1000 UNIT / 1 Tablet by mouth once a day for Vitamin D deficiency
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 mg / 1 Tablet by mouth once a day for DVT
Cyanocobalamin Oral Tablet 500 mcg / 1 Tablet by mouth once a day for Vitamin B Deficiency
FAMOTIDINE 40 mg / 1 Tablet by mouth in the morning for GERD
Insulin Glargine Subcutaneous Solution 100 UNIT/ML / Inject 3 unit subcutaneous in the morning for DM
Lidocaine - Lidocaine External Patch 4% / Apply to Right Chest topical once a day for Pain 12hrs on and 12hrs off and remove per schedule
NEPHRO-VITE 0.8 mg / 1 Tablet by mouth once a day for Vitamin Deficiency, Unspecified
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for pain 5-10
SEVELAMER CARBONATE Oral Packet 2.5 mg / Give 1 packet by mouth as necessary with meals for supplement

14. DME and Supplies:

wound care supplies, diabetic supplies, walker

15. Safety Measures:

diabetic precautions, bathroom safety, no bending, no reaching, no straining, no lifting, no bp left arm, standard precautions, supervision at all times, transfer with assist, walker precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

low cholesterol, diabetic

17. Allergies:

codeine dexamethasone predinsone bactrim

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

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: Yes

20. Prognosis: good

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

22.B.Discharge Plans

SN:patient will be responsible for managing treatment
PT:patient will be responsible for managing treatment
OT:family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis of left toe, 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 59-year-old female with a recent hospitalization for cellulitis of the left foot/great toe requiring vascular bypass surgery, currently receiving wound care to the affected area. Her medical history is significant for end-stage renal disease on dialysis, cardiomyopathy, chronic kidney disease, obesity, and prior aortocoronary bypass. The patient is homebound due to significant mobility limitations, requiring the use of a cane or rollator with one-person assistance for safety, and demonstrates taxing effort to leave the home. During a scheduled visit on 4/21, the patient declined occupational therapy evaluation due to fatigue, and the visit was deferred for rescheduling. Per evaluation findings, the patient ambulates approximately 40 feet on indoor surfaces with a straight cane under supervision, exhibiting a flexed trunk posture. She performs sit-to-stand transfers with supervision but declined assessment of toilet transfers and bed mobility secondary to back pain. She also declined standing tolerance and ambulation during OT evaluation due to reported back pain rated at 6/10, though she reports partial relief with the use of a pain patch and heat therapy. Education was provided on alternating heat and ice, as well as positioning strategies including hooklying rotation exercises and sleeping with legs elevated on pillows to alleviate discomfort. Functional assessment was limited, as outdoor mobility, stair negotiation (noting five steps to enter the home), and car transfers were not assessed. The patient has a Tinetti balance score of 13/28, indicating a high fall risk. She reported a recent fall upon returning home from hospitalization due to an uneven sidewalk, which has since been repaired. The patient resides alone in a first-floor/ranch-style home and was previously independent with basic self-care tasks and ambulated with a cane prior to her recent illness. She now requires a rollator for mobility and assistance from her sister and cousin for meals and transportation. She is currently restricted from showering due to the need to keep the surgical foot dry. The patient presents with deficits in activities of daily living, functional mobility, activity tolerance, homemaking, and safety awareness. Skilled occupational therapy services are recommended every other week for eight weeks to address ADL retraining, adaptive equipment education, therapeutic exercise, development and progression of a home exercise program, functional mobility training, homemaking skills, and safety education. The overall plan of care focuses on improving strength, functional independence, and safety while reducing fall risk and supporting recovery from surgery.
 Date of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Roby
2434 W Belvedere Ave
Baltimore, MD 21215
PHONE: 410-601-6840 FAX: 14106014029 NPI: 1508809971

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 : 04/03/2026

27. Attending Physician's Signature and Date Signed **04/27/2026**: 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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Order 04/17/2026 Orders Physician Face-to-Face Date: 04/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management, PT-eval & treat, OT-eval & treat HHA due to Cellulitis of left toe 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 Roby, Robert

SN Careplans

SN WK1: 1 (04/17/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 2 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26)

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, blood sugar < 60 > 300

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 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; 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.

wound care to left great toe: cleanse with NSS apply neosporin /triple ABX ointment cover with border gauze daily. Monitor for infection and signs of vascular status changes. Prevalon boot at all times
Advance Directive:Na

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, meal preparation, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, limited strength, muscle weakness, limited endurance, swelling of affected area, limited range of motion, Pain Interference with Therapy activities, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, loss of appetite, open sores/lesions, #1 - Observable Surgical Wound - Anterior Left Foot -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Foot -, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: wound care to left great toe: cleanse with NSS apply neosporin /triple ABX ointment cover with border gauze daily. Monitor for infection and signs of vascular status changes. Prevalon boot at all times, glucose testing via monitor, monitor intake & output, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, monitor dialysis schedule

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, * depression-prevention strategies including

SN Goals

PATIENT-STATED GOAL: To be able to walk to clean her home and do for her self

GOALS
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

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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

caregiver performs medical/rehabilitation treatments with adequate competence

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 is adequately supervised

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/17/2026

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avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: cough/deep breathing exercises, incentive spirometer, 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: * 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, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To be independent walking with my cane on all surfaces without back pain.

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

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

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

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (04/19/26-04/25/26) ,WK4: 1 (05/03/26-05/09/26) ,WK6: 1 (05/17/26-05/23/26) ,WK8: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: cough/deep breathing exercises, home exercise program: 16 oz wter bottle" BUE flex, chest presses, horizontal abd/add, bicep curls 2x 10 reps, home exercise program: 16 oz water bottle" BUE flex, chest presses, horizontal abd/add, bicep curls 2x 10 reps, equipment training, work simplification/energy conservation, transfers training: tub and toilet

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

OT Goals

PATIENT-STATED GOAL: to walk well

GOALS
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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/17/2026

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HHA Careplans

HHA WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26) ,WK8: 1 (05/31/26-06/06/26)

PROCEDURES: assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with grooming, assist with upper body dressing

HHA Goals

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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