Home Health Certification and Plan of Care

Order ID: 1150/11756

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01196608	08/21/2025	From: 08/21/2025 To: 10/19/2025	16681	217058

6. Patient's Name and Address

Jan Johnson
1423 Dartmouth Ave,
PARKVILLE, MD 21234-
410-668-3630

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 09/22/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	08/21/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/21/25
N18.31	Chronic kidney disease stage 3a	08/21/25
I10.	Essential (primary) hypertension	08/21/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/21/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/21/25
E78.5	Hyperlipidemia unspecified	08/21/25
Z79.4	Long term (current) use of insulin	08/21/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/21/25

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

Clopidogrel - Clopidogrel 75 mg, Take 1 tablet by mouth once a day
Hydralazine - Hydralazine Hydrochloride 25 MG, Take 1 tablet by mouth three times a day
Atorvastatin - Atorvastatin Calcium 80 MG, Take 1 tablet by mouth once a day
Amlodipine - Amlodipine Besylate 10 MG, Take 10 mg tablet by mouth once a day
Aspirin 81Mg - Aspirin 81 MG, Take 81 mg chewable tablet by mouth once a day
Gabapentin - Gabapentin 100 MG, Take 100 mg capsule by mouth at bedtime 100 MG capsule
Take 100 mg by mouth. 100 mg in am, 100 mg at noon, 300 mg at night
Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 50-12.5 MG, Take 1 tablet by mouth once a day
Basaglar - Insulin Glargine 100 UNIT/ML, Inject 45 Units subcutaneous at bedtime Inject 45 Units into the skin nightly.
Humulin R - Insulin Recombinant Human 100 UNIT/ML , Inject into the skin 3 times subcutaneous three times a day Inject into the skin 3 times daily (before meals). 15 units Before breakfast, 15 units before lunch, 25 units before dinner

14. DME and Supplies:

diabetic supplies

15. Safety Measures:

cardiac precautions, bathroom safety, medication safety, standard precautions, sharps precautions, transfer with assist, activity supervision, ambulates with assistance, diabetic precautions, fall precautions

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Cane, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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: 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 Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, 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 69-year-old female with a past medical history significant for type 2 diabetes mellitus with neuropathy, chronic kidney disease stage IIIa, hypertension, dyslipidemia, gastroesophageal reflux disease, and a prior cerebrovascular accident resulting in right hemiparesis and hemiplegic gait. She resides in a single-family home with family members and has a history of caring for her ill husband and brother. The patient was previously independent with self-care, functional transfers, and ambulation; however, she now presents with decreased standing balance, reduced standing tolerance, bilateral upper extremity weakness, and limited activity tolerance, leading to increased dependence with self-care, transfers, and mobility. She fatigues easily and requires assistance for safe transfers and ambulation. A home exercise program including straight leg raises, lower extremity abduction/adduction, and long arc quadriceps with resistance bands was initiated. Skilled occupational therapy services are recommended to address current deficits and support the patient's progression toward regaining independence.
 Date of Order 08/21/2025 Orders Physician Face-to-Face Date: 08/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side 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 - PT Notes: OT Eval Notes: Physician Hans, Jasmin

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jasmin Hans
1701 Twin Springs Rd
Halethorpe, MD 21227
PHONE: 410-933-79616 FAX: 14109337666 NPI: 1497805147

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 : 08/19/2025

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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PT Careplans

PT WK1: 1 (08/21/25-08/23/25) ,WK2: 2 (08/24/25-08/30/25) ,WK3: 2 (08/31/25-09/06/25) ,WK4: 2 (09/07/25-09/13/25) ,WK5: 1 (09/14/25-09/20/25) ,WK6: 1 (09/21/25-09/27/25) ,WK7: 1 (09/28/25-10/04/25)

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: 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: GG0170E1 - Chair to Bed to Chair, 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, muscle weakness, balance deficit

PROCEDURES: Medication Review: The medication was reviewed with patient , cough/deep breathing exercises, home exercise program: SLR, LONG ARC , MARCHING, MINI SQUATS AND HEEL RAISES 10X2 REPS, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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 transportation needs are met, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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

PT Goals

PATIENT-STATED GOAL: The patient wants to get stronger and walk better

GOALS
Chair to Bed to Chair - 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

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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 transportation needs are met

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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

Sit to Stand - 06. Independent

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
08/21/2025

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OT WK2: 1 (08/24/25-08/30/25) ,WK3: 1 (08/31/25-09/06/25) ,WK4: 1 (09/07/25-09/13/25)

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: equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, therapeutic exercises

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

PATIENT-STATED GOAL: I want to walk better

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/21/2025