

Home Health Certification and Plan of Care				Order ID: 1150/11649	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1MD7Q73DJ38		08/13/2025		From: 08/13/2025 To: 10/11/2025	
				4. Medical Record No.	
				177	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Rachel Hicks 3743 Patterson Avenue, GWYNN OAK, MD 21207- 443-756-1604				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 11/01/1927 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Date	
I69.351		Hemiplga following cerebral infrc aff right dominant side		08/13/25	
13. ICD		Other Pertinent Diagnoses		Date	
I69.319		Unsp symptoms and signs w cogn fcnctns fol cerebral infrc		08/13/25	
I10.		Essential (primary) hypertension		08/13/25	
F01.54		Vascular dementia unspecified severity with anxiety		08/13/25	
M19.90		Unspecified osteoarthritis unspecified site		08/13/25	
E78.2		Mixed hyperlipidemias		08/13/25	
B19.20		Unspecified viral hepatitis C without hepatic coma		08/13/25	
H40.9		Unspecified glaucoma		08/13/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		08/13/25	
E55.9		Vitamin D deficiency unspecified		08/13/25	
J30.9		Allergic rhinitis unspecified		08/13/25	
R32.		Unspecified urinary incontinence		08/13/25	
R29.6		Repeated falls		08/13/25	
Z79.82		Long term (current) use of aspirin		08/13/25	
Z79.51		Long term (current) use of inhaled steroids		08/13/25	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		08/13/25	
Z91.81		History of falling		08/13/25	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, rolling walker, commode, cane, bath bench				transfer with assist, walker precautions, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision	
16. Nutrition:				17. Allergies:	
cardiac diet				Nuts, Penicillin	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, , Endurance				Transfer bed/Chair, Walker, Exercises Prescribed, 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: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis Hemiplegia 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: <p class="MsoNoSpacing">The patient is a 97-year-old female with a medical history significant for hypertension, hyperlipidemia, GERD, dementia, two cerebrovascular accidents with residual right hemiplegia, a history of transient ischemic attacks, glaucoma, and multiple falls. She lives with her daughter and receives daily support from both family members and paid caregivers. The patient was referred to this agency by her primary care provider for generalized weakness. She resides on the main level of her home, which requires navigating seven steps to reach the driveway. The family reports three falls this year. Currently, she requires supervision for standing and transfers, increased time to complete mobility tasks, and uses a rolling walker with supervision for indoor ambulation. Stair negotiation requires contact guard to minimal assistance and the use of a railing. Clinical assessment revealed right-sided weakness in both upper and lower extremities. A Timed Up and Go (TUG) test was completed in one minute, indicating a high risk for falls. A home exercise program (HEP) was reviewed with the patient, including seated therapeutic exercises, sit-to-stand training, and ambulation with an assistive device. The patient will benefit from skilled therapy services to address her mobility deficits, reduce fall risk, and promote improved functional independence.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">08/13/2025 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 07/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat dx: Hemiplegia 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</p><p class="MsoNoSpacing"> 1 - SOC - PT Notes:</p><p class="MsoNoSpacing">Physician: Richardson, Leonard</p>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 08/13/2025					
24. Physician's Name and Address				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.	
Leonard Richardson 730 Coolspring Blvd Franklin, TN 37067 PHONE: FAX: NPI: 1053384750				F2F date : 07/10/2025	
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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6. Patient's Name and Address Rachel Hicks 3743 Patterson Avenue, GWYNN OAK, MD 21207- 443-756-1604		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		
SN Careplans		SN Goals		
PT Careplans PT WK1: 1 (08/13/25-08/16/25) ,WK2: 2 (08/17/25-08/23/25) ,WK3: 2 (08/24/25-08/30/25) ,WK4: 2 (08/31/25-09/06/25) ,WK5: 1 (09/07/25-09/13/25) ,WK6: 1 (09/14/25-09/20/25) ,WK7: 1 (09/21/25-09/27/25) ,WK8: 1 (09/28/25-10/04/25) ,WK9: 1 (10/05/25-10/11/25) 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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, 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 Advance Directive:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, 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, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited strength, balance deficit PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., Medication Review- : Medications reviewed with patient/caregiver., 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, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.		PT Goals PATIENT-STATED GOAL: To increase strength GOALS Toilet Transfer - 06. Independent Oral Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 04. Supervision or touching assistance Toileting Hygiene - 05. Setup or clean-up assistance Car Transfer - 04. Supervision or touching 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 Walk 10 ft on Uneven Surface - 04. Supervision or touching 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 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 Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Medication Review- Patient/caregiver recalls related purpose and schedule of medications.		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles SN RN		08/13/2025		