

Home Health Certification and Plan of Care				Order ID: 1150/11273	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100024762		07/28/2025		From: 07/28/2025 To: 09/25/2025	
				4. Medical Record No.	
				15328	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Christopher Pickeral			HomeCentris Healthcare LLC		
8650 Hayshed Ln,			10 Crossroads Drive, Suite 102		
COLUMBIA, MD 21045-			Owings Mills, MD 21117-8284		
301-343-8216			410-321-8448		
			1487113239		
8. DOB			05/16/1981		
9.Sex			Male		
11. ICD			Principal Diagnosis		
G81.11			Spastic hemiplegia affecting right dominant side		
			Date		
			07/28/25		
13. ICD			Other Pertinent Diagnoses		
G40.802			Other epilepsy not intractable without status epilepticus		
S06.9X0S			Unsp intracranial injury w/o loss of consciousness sequela		
			Date		
			07/28/25		
M21.371			Foot drop right foot		
			Date		
			07/28/25		
M21.861			Other specified acquired deformities of right lower leg		
			Date		
			07/28/25		
Z79.01			Long term (current) use of anticoagulants		
			Date		
			07/28/25		
			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
			Valium - Diazepam 10 mg 10 MG tablet , 1 tablet by mouth as necessary		
			Seizures		
			Lipitor - Atorvastatin Calcium 40 mg tablet , Take tablet by mouth at bedtime		
			HLD		
			Lopressor - Metoprolol Tartrate 12.5 mg , Tablet by mouth twice a day HTN		
			Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
			Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
			Pyridox 500 MCG tablet , 1 tablet by mouth in the morning		
			Baclofen - Baclofen 89.94 mcg , Tablet by mouth as necessary 89.94 mcg,		
			Continuous		
			Lioresal - Baclofen 20 Mg , Tablet by mouth three times a day 20 mg, Oral, 3		
			times daily, To be		
			taken only if with intrathecal		
			baclofen pump issues		
			Trileptal - Oxcarbazepine 300 mg 300 mg , Tablet by mouth twice a day 900		
			mg tablet in AM, 1200 mg in PM		
			Zonegran - Zonisamide 100 mg capsule by mouth twice a day 300 mg in		
			AM, 400 mg in PM		
			Eliquis - Apixaban 5 mg , Take tablet by mouth twice a day 5 mg, Oral, 2		
			times daily		
			Keppra - Levetiracetam 500 MG tablet , 3 tablets by mouth twice a day		
			1500 mg in AM and 1500 mg in PM		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, hand held shower, grab bars, walker, rolling walker, bath bench			fall precautions, standard precautions, walker precautions, ambulates with device, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Walker, Exercises Prescribed, Transfer bed/Chair, 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: No		
20. Prognosis:			good		
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 of Spastic Hemiplegia 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 44-year-old male with a significant past medical history of traumatic brain injury in 2005, left hip reconstruction in 2005, cerebrovascular accident in 2023, hyperlipidemia, and hypertension. He was referred by his primary care physician for weakness and impaired mobility, with notable right knee hyperextension, and has experienced three falls within the past year. A new baclofen pump was placed in May 2025 requiring hospitalization. The patient requires assistance with donning his left sock due to pain and limited mobility from his prior hip reconstruction. He is able to perform sit-to-stand and standing pivot transfers independently with a rolling walker, though requiring increased time. He ambulates indoors independently with a rolling walker and outdoors with supervision, negotiates stairs with bilateral railings under supervision, and uses a hinged right ankle-foot orthosis for foot drop. His Timed Up and Go (TUG) score is 1:18, indicating a high fall risk. Family reports three episodes of urinary incontinence this month, though he remains continent most of the time. The patient attends a day program twice weekly and completes a home exercise program three times weekly. He is able to feed himself but requires extended time for activities of daily living (ADLs) and instrumental activities of daily living (IADLs). He lives in a single-family home with 12 steps to enter. He uses an ankle brace for foot drop, which has caused pressure sores, and receives assistance from an aide with bathing. Clinical observations include impaired coordination, postural leaning, drooling, left visual field deficits, right foot swelling when the brace is not used, and slurred speech. Skilled therapy services are indicated to address functional deficits, improve independence, and support a safe return to prior level of function. Date of Order 07/28/2025 Orders Physician Face-to-Face Date: 07/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Spastic Hemiplegia 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 Robertson, Mariah		
SN Careplans			SN Goals		
PT Careplans			PT Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles SN RN on 07/28/2025					
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.		
Mariah Robertson			F2F date : 07/15/2025		
4940 Eastern Ave					
Baltimore, MD 21224					
PHONE: 410-288-6777 FAX: 14103672743 NPI: 1639556590					
27. Attending Physician's Signature and Date Signed			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.		
08/19/2025 Date of physician last face-to-face			PAGE 1 of 3		

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PT WK1: 1 (07/28/25-08/02/25) ,WK2: 1 (08/03/25-08/09/25) ,WK3: 1 (08/10/25-08/16/25)			PATIENT-STATED GOAL: To increase strength, reduce right knee hyperextension.		
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			GOALS Chair to Bed to Chair - 06. Independent		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			Toilet Transfer - 06. Independent		
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			patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule		
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			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		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, muscle weakness, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, balance deficit, weak hand grips, Pain Interference with ADLs, #1 - Open Wound - Other - Right LE 5th metatarsal - Family dresses wound daily with large padded bandaid, routine visits with podiatrist every 8-9 weeks. Perulous drainage with bandaid removal, no odor. Slight blood noted on dressing though family reports it inconsistently drains.			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Patient/caregiver recalls related purpose and schedule of medications., physician-ordered wound care: To right plantar foot wound- Cover with padded band aid daily. Patient being followed by Podiatrist., gait training on uneven surfaces, gait training/stair training, transfers training			Sit to Stand - 06. Independent		
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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assis, 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.			Car Transfer - 06. Independent		
OT Careplans			Medication Review- Patient/caregiver recalls related purpose and schedule of medications.		
OT WK1: 2 (07/28/2025 - 08/02/2025), WK2: 2 (08/03/2025 - 08/09/2025), WK3: 2 (08/10/2025 - 08/16/2025), WK4: 1 (08/17/2025 - 08/23/2025), WK5: 1 (08/24/2025 - 08/30/2025), WK6: 1 (08/31/2025 - 09/06/2025), WK7: 1 (09/07/2025 - 09/13/2025), WK8: 1 (09/14/2025 - 09/17/2025)			Walk 10 Feet - 04. Supervision or touching assistance		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating			Walk 50 ft with 2 Turns - 04. Supervision or touching assis		
PROCEDURES: Transfer training , coordination , Medication review : Medications reviewed with patient/caregiver. , IADL training , cough/deep breathing exercises, work simplification/energy conservation			Walk 150 Feet - 04. Supervision or touching assistance		
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.			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		
OT Goals			OT Goals		
PATIENT-STATED GOAL: improve his ADLs and functional ability			PATIENT-STATED GOAL: improve his ADLs and functional ability		
GOALS Shower/Bathe Self - 05. Setup or clean-up assistance			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			Oral Hygiene - 06. Independent		
Lower Body Dressing - 06. Independent			Lower Body Dressing - 06. Independent		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			07/28/2025		

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Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Therapeutic exercise , Medication review		Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 05. Setup or clean-up assistance Therapeutic exercise Medication review		

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