Home Health Certification and Plan of Care

Order ID: 1150/12189

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32093708	09/07/2025	From: 09/07/2025 To: 11/04/2025	17072	217058

6. Patient's Name and Address
Lucille Butler
35 S. Culver Street,
Baltimore, MD 21229-
443-803-8483

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 02/18/1944 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.352	Hemiplga following cerebral infrc aff left dominant side	09/07/25

13. ICD	Other Pertinent Diagnoses	Date
I69.322	Dysarthria following cerebral infarction	09/07/25
I11.0	Hypertensive heart disease with heart failure	09/07/25
I50.9	Heart failure unspecified	09/07/25
E78.5	Hyperlipidemia unspecified	09/07/25
Z79.01	Long term (current) use of anticoagulants	09/07/25
Z79.82	Long term (current) use of aspirin	09/07/25

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

Triamcinolone Acetonide - Triamcinolone Acetonide 0.1% , Apply 1 application Ointment to affected area topical once a day Apply 1 application topically to affected area daily for 1 week
Calcium Carbonate-Cholecalciferol (Caltrate 600+D3) 600-20 MG-MCG Oral Tablet 600-20 MG-MCG , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times
per day with meals for supplement
Multiple Vitamin (Thera) Oral Tablet Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for supplement
Atorvastatin Calcium - Atorvastatin Calcium 80 MG , Take 1 tablet by mouth once a day Cholesterol
Amlodipine Besylate - Amlodipine Besylate 5 MG , Take 1 tablet by mouth once a day Blood pressure
Aspirin 81Mg - Aspirin 81 MG , Take 1 tablet by mouth once a day Heart health
Eliquis - Apixaban 5 MG , Take 1 tablet by mouth twice a day Blood thinner
Benzonatate - Benzonatate 100 MG , Take 1 capsule by mouth three times a day Take 1 capsule (100 mg) by
mouth 3 times per day as
needed for allergies
Baclofen - Baclofen 5 MG , Take 1 tablet by mouth twice a day Take 1 tablet (5 mg) by mouth
2 times per day as needed for pain in L leg

14. DME and Supplies:
wheelchair, walker, bath bench

15. Safety Measures:
bleeding precautions, wheelchair precautions, walker precautions, transfer with assist, medication safety, fall precautions, emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
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.

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 Left 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 an 81-year-old female referred to home health services following hospitalization and rehabilitation for a cerebrovascular accident (CVA) with resultant left-sided weakness; past medical history is notable for prior CVA, hypertension, hyperlipidemia, and heart failure. She resides in a multi-level home where adult children assist with ADLs/IADLs, meal preparation, shopping, and errands. On assessment the patient demonstrates left lower-extremity paralysis, is primarily wheelchair dependent but ambulates short distances with a rolling walker (supervision or contact-guard assist), and is incontinent of urine; skin remains intact. Speech is garbled and slurred (dysarthria) with drooling noted, but she denies difficulty swallowing. PT and OT referrals were placed and a PT evaluation was completed: prior to hospitalization she ambulated short distances with a rolling walker but relied mostly on a wheelchair; she wears an AFO on the left lower extremity and a new AFO is expected to reduce circumduction during swing phase. She requires contact-guard assist for transfers and short-distance ambulation with a rolling walker and minimal assistance for stair negotiation. The patient is seeking outpatient SLP due to insurance limitations; PT educated her that transitioning to outpatient SLP may affect home PT availability and she verbalized understanding and willingness to switch to outpatient PT when appropriate. Skilled nursing was recommended at a frequency of 2/week for 1 week, then 1/week for 3 weeks, with the next SN visit scheduled for Thursday. The patient would benefit from continued skilled PT to increase strength, improve balance, and enhance safety and independence in functional mobility to work toward return to prior level of function (PLOF).
 Date of Order 09/07/2025 Orders Physician Face-to-Face Date: 08/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left 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 - SN Notes: PT Eval Notes: OT Eval Notes:
 Physician Bajaj, Bhavandeep

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/07/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Bhavandeep Bajaj
3455 Wilkens Ave Suite L-10
Baltimore, MD 21229
PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214

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 : 08/18/2025

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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SN WK1: 2 (09/07/25-09/13/25) ,WK2: 1 (09/14/25-09/20/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling in the arms/legs, abnormal blood pressure, poor muscle tone, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange for adequate patient supervision

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: I want to get around better

GOALS
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 take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK3: 1 (09/21/25-09/27/25) ,WK4: 1 (09/28/25-10/03/25)

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: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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 - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Medication Review

Signature of Physician:

Date

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

Date
09/07/2025

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OT Careplans	OT Goals
OT WK1: 1 (09/06/25-09/06/25) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating	

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/07/2025