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	4. Medical Record No.	5. Provider No.
1MD7Q73DJ38	08/13/2025	From: 08/13/2025 To: 10/11/2025	177	217058

6. Patient's Name and Address
Rachel Hicks
3743 Patterson Avnue,
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

8. DOB 11/01/1927 | **9.Sex** Female

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 fnctns 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 hyperlipidemia	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

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

Tylenol - Acetaminophen 650 mg 1 tablet by mouth at bedtime
Glycolax - Polyethylene Glycol 3350 17 gram by mouth as necessary
Montelukast Sodium - Montelukast Sodium 10 mg 1 tablet by mouth once a day
Hydrochlorthiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25mg, 1 tablet by mouth once a day
Clonidine - Clonidine 0.1mg, 1 tablet by mouth three times a day
Zyrtec - Cetirizine Hydrochloride 10 mg by mouth as necessary Daily as needed
Aspirin 325Mg - Aspirin 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 10mg, 1 tablet by mouth once a day
Amlodipine - Amlodipine Besylate 5mg, 1 tablet by mouth once a day HTN
Nebivolol Hydrochloride - Nebivolol Hydrochloride 20mg, 1 tablet by mouth once a day On HOLD
Timolol - Timolol 0.5%, 1 Drop right eye twice a day
Latanoprost - Latanoprost 0.005%, 1 drop both eyes at bedtime
Melatonin - Melatonin 5mg by mouth at bedtime
Zinc Oral Supplement 50 mg by mouth once a day

14. DME and Supplies:
wheelchair, rolling walker, commode, cane, bath bench

15. Safety Measures:
transfer with assist, walker precautions, standard precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
Nuts, Penicillin

18.A. Functional Limitations
Ambulation, , Endurance

18.B. Activities Permitted
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:
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

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: 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.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 08/13/2025
 Order<o:p></o:p> 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<o:p></o:p>
 1 - SOC - PT Notes:<o:p></o:p> Physician: Richardson, Leonard

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/13/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Leonard Richardson
730 Coolspring Blvd
Franklin, TN 37067
PHONE: FAX: NPI: 1053384750

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 : 07/10/2025

27. Attending Physician's Signature and Date Signed **09/04/2025**: 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 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 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, 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

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

Date
08/13/2025