

Home Health Certification and Plan of Care				Order ID: 1150/12515	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100005901		09/16/2025		From: 09/16/2025 To: 11/14/2025	
				4. Medical Record No.	
				17435	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Barbara Houston				HomeCentris Healthcare LLC	
3603 Blair Avenue,				10 Crossroads Drive, Suite 102	
RANDALLSTOWN, MD 21133-				Owings Mills, MD 21117-8284	
410-496-6707				410-321-8448	
				1487113239	
8. DOB 09/13/1946				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		09/16/25	
13. ICD		Other Pertinent Diagnoses		Date	
I69.320		Aphasia following cerebral infarction		09/16/25	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unspl chr kdny		09/16/25	
I50.32		Chronic diastolic (congestive) heart failure		09/16/25	
N18.30		Chronic kidney disease stage 3 unspecified		09/16/25	
E55.9		Vitamin D deficiency unspecified		09/16/25	
E78.5		Hyperlipidemia unspecified		09/16/25	
I25.10		Athscld heart disease of native coronary artery w/o ang pctrs		09/16/25	
K59.00		Constipation unspecified		09/16/25	
D50.9		Iron deficiency anemia unspecified		09/16/25	
R33.9		Retention of urine unspecified		09/16/25	
Z79.01		Long term (current) use of anticoagulants		09/16/25	
Z79.82		Long term (current) use of aspirin		09/16/25	
Z85.3		Personal history of malignant neoplasm of breast		09/16/25	
Z96.0		Presence of urogenital implants		09/16/25	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, rolling walker, commode, bath bench				cardiac precautions, , , remove environmental barriers, , emergency phone number prominently displayed, , bathroom safety, ambulates with assistance, activity supervision	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Bowel/Bladder Incontinence, Ambulation				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: 3. During the day and evening, but not constantly, 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: 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.				family/caregiver 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 <div>The patient is a 78-year-old female with a past medical history significant for hypertension, hyperlipidemia, heart failure with preserved ejection fraction (HFpEF), coronary artery disease, chronic kidney disease, and breast cancer status post lumpectomy. She experienced a cerebrovascular accident (CVA) in April 2025 with residual mild aphasia and, more recently, suffered a second CVA resulting in right hemiplegia with worsening cognitive and speech deficits. Prior to her initial CVA, the patient was fully independent in mobility and ADLs without the use of an assistive device. Following the first CVA, she began ambulating with a rolling walker and was preparing for outpatient therapy when her second event occurred. At present, the patient demonstrates significant functional decline. Manual muscle testing reveals 3+/5 strength in the left lower extremity and 2-/5 strength in the right lower extremity. Right knee hyperextension is noted during stance phase. She requires minimal assistance for transfers and contact guard assistance for short-distance ambulation with a rolling walker. She has limited right upper extremity range of motion and impaired grasp strength. The patient requires assistance for bathing and dressing and is dependent for medication management. Transfers to the toilet, tub, and sit-to-stand all require minimal to contact guard assistance. Cognitively, she is oriented 1 with persistent aphasia and worsening speech and comprehension deficits. Physical therapy start of care (SOC) included patient and caregiver instruction in an initial home exercise program consisting of seated knee extensions, seated hip flexion, and mini-squats performed with rolling walker support and caregiver assistance. Education was also provided regarding fall prevention strategies, safe transfer techniques, and the importance of consistent exercise participation to promote strength recovery. The patient lives with her son in a multi-level home and is never left alone, receiving 24/7 supervision and assistance. Given her deficits in					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/16/2025					
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.	
Michaelle Halaby Holmes				F2F date : 08/28/2025	
1838 Greene Tree Rd					
Pikesville, MD 21208					
PHONE: FAX: NPI: 1932105137					
27. Attending Physician's Signature and Date Signed 10/02/2025: 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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strength, mobility, cognition, balance, and communication, she remains at high risk for falls and further decline. Skilled physical therapy services are medically necessary to improve strength, enhance balance, maximize functional mobility, and promote safety and independence in order to support her progression toward prior level of function and optimize quality of life. 09/16/2025 Orders Physician Face-to-Face Date: 08/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side Date of Order Physician 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: soc OT Eval Notes: Physician Halaby Holmes, Michaelle				
SN Careplans		SN Goals		
PT Careplans		PT Goals		
PT WK1: 2 (09/16/25-09/20/25) ,WK2: 2 (09/21/25-09/27/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) 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: 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,. Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. ; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care nutrition hydration Pain Pain management measures pain medication rest body		PATIENT-STATED GOAL: To be able to walk without help GOALS 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 * low-residue dietary guidelines * alternative medicine options for ulcerative colitis * 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 caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Toilet Transfer - 05. Setup or clean-up assistance Sit to Stand - 03. Partial/moderate assistance Chair to Bed to Chair - 03. Partial/moderate assistance Car Transfer - 03. Partial/moderate 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		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles SN RN		09/16/2025		

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Care, nutrition, hydration ; Pain & Pain management measures; pain medication; Post, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, M1700 - Cognition, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, constipation (GI), M1610 - Urinary Incontinence, limited strength, balance deficit, weak hand grips PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: HEP as of 9/16/25: seated knee flex/ext, hip flex 1x15. Standing mini squats with BUE support. Upgrade as tolerated, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, teach/coordinate/arrange medication packaging and/or administration TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate 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						
OT Careplans				OT Goals		
OT WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-10/29/25)				PATIENT-STATED GOAL: Patient wants to get stronger in the right arm and move it more		
PROBLEMS IDENTIFIED ON ASSESSMENT: 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				GOALS Shower/Bathe Self - 05. Setup or clean-up assistance		
PROCEDURES: ADLS , Cognition, Medication reviewed with patient/caregiver : Medications Review , cough/deep breathing exercises, transfers training, therapeutic exercises				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		
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 - 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 will demonstrate improved RSh flexion from 48 degs to 65 degs and Rsh abd from 45 degs to 65 degs improve ADLs and transfers within 6 wks				Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Patient will demonstrate improved RSh flexion from 48 degs to 65 degs and Rsh abd from 45 degs to 65 degs improve ADLs and transfers within 6 wks		

Signature of Physician:		Date	
		PAGE 3 of 3	
Optional Name/Signature of Nurse/Therapist:		Date	
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