# Home Health Certification and Plan of Care

**Order ID: 1150/12663**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 881013188 | 09/25/2025 | From: 09/25/2025 To: 11/23/2025 | 17803 | 217058 |

**6. Patient's Name and Address**

Aaron Morris
2711 Overland Ave,
BALTIMORE, MD 21214-
443-983-0785

**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** 12/01/1949 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 09/25/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 09/25/25 |
| I50.30 | Unspecified diastolic (congestive) heart failure | 09/25/25 |
| N18.30 | Chronic kidney disease stage 3 unspecified | 09/25/25 |
| D63.1 | Anemia in chronic kidney disease | 09/25/25 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 09/25/25 |
| R20.0 | Anesthesia of skin | 09/25/25 |
| E78.5 | Hyperlipidemia unspecified | 09/25/25 |
| M51.9 | Unsp thoracic thoracolum and lumbosacr intvrt disc disorder | 09/25/25 |
| M48.07 | Spinal stenosis lumbosacral region | 09/25/25 |
| M54.16 | Radiculopathy lumbar region | 09/25/25 |
| G89.29 | Other chronic pain | 09/25/25 |
| F51.05 | Insomnia due to other mental disorder | 09/25/25 |
| F17.290 | Nicotine dependence other tobacco product uncomplicated | 09/25/25 |
| E66.01 | Morbid (severe) obesity due to excess calories | 09/25/25 |
| Z68.41 | Body mass index [BMI] 40.0-44.9 adult | 09/25/25 |
| Z85.46 | Personal history of malignant neoplasm of prostate | 09/25/25 |
| Z86.718 | Personal history of other venous thrombosis and embolism | 09/25/25 |

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

Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP , Give 1 scoop Powder by mouth once a day Give 1 scoop by mouth one time a day for bowel regimen
Sennosides - Senna 8.6 MG , Give 2 tablet by mouth twice a day Give 2 tablet by mouth two times a day for bowel regimen
Acetaminophen - Acetaminophen 500 MG , Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours for pain for 14 Days
Advair Diskus 250/50 - Fluticasone Propionate: Salmeterol Xinafoate 250/50mcg inhalant once a day For wheezing/ sob as needed
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 10 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for SBP <110 or HR <60. Pt needs teaching on how go use bp machine
Furosemide - Furosemide 40 MG Give 1 tablet by mouth once a day 40 MG Give 1 tablet by mouth one time a day for Edema
Spironolactone - Spironolactone 25 MG , Give 0.5 tablet by mouth once a day Give 0.5 tablet by mouth one time a day for HTN Give 12.5mg
Tamsulosin HCl 0.4 MG , Give 1 capsule by mouth at bedtime Give 1 capsule by mouth at bedtime for BPH
Albuterol Nebulizer - Albuterol 3mg/3ml inhalant once a day As needed for sob or wheezing
Mupirocin - Mupirocin 2 perc topical twice a day Used on eyess as needed for itching
. Pt needs teaching
DuoNeb Solution (Ipratropium - albuterol) 0.5-2.5 (3) MG/3ML , 3 ml inhale Nasal every 6 hours 3 ml inhale orally via nebulizer every 6 hours as needed for SOB MAR Legend: C = 1 Clear Other Note; AnteL=Lung Sounds Before Tx, PostL =Lung Sounds Post Tx, ExAmt Expectorate Amt, ExCol=Color, PostO=O2SatPost, PostP=PostPulse, PostR-PostRespirations, Time= Minutes of Nurse Time for Tx; Pre Tx Pulse Respirations O2Sat
Aspercreme w/Lidocaine Cream 4% (Lidocaine HCl) 4% Cream Apply to Lower Back topical once a day Apply to Lower Back topically one time a day for pain and remove per schedule
Wixela Inhub inhalation Aerosol Powder Breath Activated 250-50 MCG/ACT (Fluticasone-Salmeterol) 250-50 MCG/ACT , 1 inhalation inhale inhalant twice a day 1 inhalation inhale orally two times a aas needed day for SOB/Wheezing
Atorvastatin Calcium - Atorvastatin Calcium 40 MG Give 1 tablet by mouth at bedtime 40 MG
Give 1 tablet by mouth at bedtime for HLD

**14. DME and Supplies:**

sock aid, hospital bed, commode, hand held shower

**15. Safety Measures:**

wheelchair precautions, , knee precautions, hand rails, ambulates with assistance, bedrails up while in bed, remove environmental barriers, transfer with assist, walker precautions, ambulates with device, diabetic precautions, , bathroom safety, , activity supervision

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

aspirin statins contrast dye-iv/oral shellfish shrimp specific immunoglobulin E sh

**18.A. Functional Limitations**

Dyspnea With Minimal Exertion, Endurance, Ambulation

**18.B. Activities Permitted**

Partial Weight Bearing, Cane, Walker, Exercises Prescribed, Wheelchair, Transfer bed/Chair, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**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 of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-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.

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles SN RN on 09/25/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Binu Batajoo Shrestha
1447 York Rd
Lutherville, MD 21093
PHONE: 4109337600 FAX: 14109337666 NPI: 1972850980

**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 : 09/18/2025

**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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| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
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| Aaron Morris<br>2711 Overland Ave,<br>BALTIMORE, MD 21214-<br>443-983-0785 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

**Clinical Condition Requiring Homecare:**

The patient is a 75-year-old male residing with his adult son in a two-story single-family home, with primary living space on the first floor. He is alert and oriented 3. The patient was recently hospitalized following a syncopal episode with loss of consciousness and a subsequent fall, which his son witnessed and assisted in arranging emergency care. He was discharged from subacute rehabilitation prior to this <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>.  His past medical history is significant for cerebrovascular accident in 2008 with residual mild left-sided weakness, chronic kidney disease, congestive heart failure, chronic obstructive pulmonary disease, spinal stenosis, right knee flexion contracture, vertigo, deep vein thrombosis, prostate cancer, hypertension, hyperlipidemia, severe obesity, incontinence, and insomnia. He also has a history of alcohol use that previously contributed to a fall.  During the visit, the patient denied current pain but appeared visibly fatigued and weak. Bilateral upper extremity strength was assessed at 4-/5 on manual muscle testing. He demonstrated labored bed mobility and required supervision for transfers, including sit-to-stand from bed and wheelchair. He required contact guard assistance and verbal cueing for sit-to-stand and toilet transfers, as well as for lower body dressing, while requiring standby assistance for upper body dressing. Ambulation was performed with a rollator or standing walker for approximately 30 feet within the home, with decreased step length, requiring contact guard assistance for safety. Stair negotiation, outdoor mobility, and car transfers were not assessed.  The patient's home environment presents safety challenges due to cluttered pathways that impede walker use. Entry requires negotiating seven steps with a railing. He is considered homebound due to the considerable effort and assistance required to leave the home with a device, as supported by a Tinetti score of 9/28.  Education was provided regarding safety awareness, energy conservation, and the importance of maintaining activity tolerance. The patient and son were instructed on the need for ongoing support with functional mobility and ADLs. <br> Date of Order 09/25/2025 Orders Physician Face-to-Face Date: 09/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adls due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-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 <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Batajoo Shrestha, Binu

## SN Careplans

SN WK1: 1 (09/25/25-09/27/25) ,WK2: 2 (09/28/25-10/04/25) ,WK3: 2 (10/05/25-10/11/25) ,WK4: 2 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25) ,WK7: 1 (11/02/25-11/08/25)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, Home Safety, Home Safety, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, swelling in the arms/legs, M1400 - Dyspnea, abnormal electrolyte panel, poor muscle tone, swelling of affected area, limited strength, limited endurance, limited range of motion, muscle weakness, lethargy, Pain Interference with ADLs, Pain Interference with Therapy activities, obesity, swell/redness surround. skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for adequate fire safety devices, coordinate/arrange repair or installation of adequate stair railings

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, * 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient home enviroment has adequate fire safety devices, patient's enviroment has adequate stairs railings, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: "To get stronger and take care f myself"

GOALS
patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient home enviroment has adequate fire safety devices

patient's enviroment has adequate stairs railings

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles SN RN | 09/25/2025 |

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prevent constipation
* 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

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

## PT Careplans

PT WK1: 14 (09/25/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Bed mobility training , Stretching to right knee into extension , cough/deep breathing exercises, 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, * 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 - 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, Right knee -30 degrees extension

## PT Goals

PATIENT-STATED GOAL: Be able to get out of the house and walk up the street

GOALS
Toilet Transfer - 06. Independent

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

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

Right knee -30 degrees extension

## OT Careplans

OT WK1: 1 (09/25/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: ADLs , Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medication Review , cough/deep breathing exercises, transfers training, therapeutic exercises

## OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger and get up from the chair

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

Signature of Physician:

Date



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

Date
09/25/2025

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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. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

* 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

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 09/25/2025 |