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	4. Medical Record No.	5. Provider No.
100024762	07/28/2025	From: 07/28/2025 To: 09/25/2025	15328	217058

6. Patient's Name and Address
Christopher Pickeral
8650 Hayshed Ln,
COLUMBIA, MD 21045-
301-343-8216

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 05/16/1981 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G81.11	Spastic hemiplegia affecting right dominant side	07/28/25

13. ICD	Other Pertinent Diagnoses	Date
G40.802	Other epilepsy not intractable without status epilepticus	07/28/25
S06.9X0S	Unsp intracranial injury w/o loss of consciousness sequela	07/28/25
M21.371	Foot drop right foot	07/28/25
M21.861	Other specified acquired deformities of right lower leg	07/28/25
Z79.01	Long term (current) use of anticoagulants	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:
wheelchair, hand held shower, grab bars, walker, rolling walker, bath bench

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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:
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 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:
Electronically Signed by Messick, Charles SN RN on 07/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mariah Robertson
4940 Eastern Ave
Baltimore, MD 21224
PHONE: 410-288-6777 FAX: 14103672743 NPI: 1639556590

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 : 07/15/2025

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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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)

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: 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.

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

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.

PATIENT-STATED GOAL: To increase strength, reduce right knee hyperextension.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

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

OT Careplans

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)

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

PROCEDURES: Transfer training , coordination , Medication review : Medications reviewed with patient/caregiver. , IADL training , cough/deep breathing exercises, work simplification/energy conservation

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.

OT Goals

PATIENT-STATED GOAL: improve his ADLs and functional ability

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

Lower Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
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

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles SN RN

Date

07/28/2025