

Home Health Certification and Plan of Care				Order ID: 1150/11563	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
5XU8TP8QF50		08/15/2025		From: 08/15/2025 To: 10/13/2025	
				4. Medical Record No.	
				16240	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
James Pope				HomeCentris Healthcare LLC	
2107 Meadowview Dr,				10 Crossroads Drive, Suite 102	
GWYNN OAK, MD 21207-				Owings Mills, MD 21117-8284	
410-944-8147				410-321-8448	
				1487113239	
8. DOB				9. Sex	
07/13/1943				Male	
11. ICD		Principal Diagnosis		Date	
I69.354		Hemiplga following cerebral infrc affecting left nondom side		08/15/25	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		08/15/25	
I69.320		Aphasia following cerebral infarction		08/15/25	
I69.322		Dysarthria following cerebral infarction		08/15/25	
E11.9		Type 2 diabetes mellitus without complications		08/15/25	
I48.91		Unspecified atrial fibrillation		08/15/25	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		08/15/25	
E55.9		Vitamin D deficiency unspecified		08/15/25	
E78.5		Hyperlipidemia unspecified		08/15/25	
D50.9		Iron deficiency anemia unspecified		08/15/25	
K59.00		Constipation unspecified		08/15/25	
R91.1		Solitary pulmonary nodule		08/15/25	
Z79.84		Long term (current) use of oral hypoglycemic drugs		08/15/25	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, hoyer lift, hospital bed, bath bench				infectious material management, standard precautions, medication safety, medical alert/lifeline, fall precautions, bedrails up while in bed, aspiration precautions, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				lisinopril	
18.A. Functional Limitations				18.B. Activities Permitted	
Paralysis				Other	
19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc., HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
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 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.					
Clinical Condition Requiring Homecare: The patient is an 81-year-old male with a past medical history significant for hypertension, type 2 diabetes mellitus, hyperlipidemia, atrial fibrillation, prior CVA/TIA with left-sided hemiparesis, and dementia, who was admitted to home health after a SNF stay following hospitalization for a CVA and development of a sacral ulcer. He is alert and oriented to person only (A&O x1) and denies pain at this time. On assessment he is incontinent of bladder and bowel; lungs are clear to auscultation and bowel sounds are active. There is trace edema of the left lower extremity and pulses are palpable in all extremities. Vitals were obtained, medications were reviewed with the spouse, and the wound was assessed. Prior to hospitalization he ambulated and performed ADLs without physical assistance; currently he demonstrates significant functional decline: left lower extremity strength is 2-/5 (MMT), he requires moderate assistance for bed mobility, is dependent for transfers (uses a Hoyer lift), dependent for toileting and lower-body dressing and requires maximal assistance for bathing and upper-body dressing; he is chair-bound and unable to self-propel the wheelchair. Right upper extremity strength is approximately 4/5 with limited PROM of the left upper extremity, and he retains movement of the left digits. He would benefit from skilled physical therapy to address left-sided weakness, balance and mobility deficits, transfer and wheelchair training, and caregiver education to improve safety and function and to work toward return to his prior level of function. Date of Order 08/15/2025 Orders Physician Face-to-Face Date: 07/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat 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 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes: Physician Kapoor, Aarti					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 08/15/2025					
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.	
Aarti Kapoor				F2F date : 07/30/2025	
2700 Quarry Lake Dr					
Baltimore, MD 21209					
PHONE: 4106057000 FAX: 14106057912 NPI: 1538197843					
27. Attending Physician's Signature and Date Signed 10/07/2025 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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6. Patient's Name and Address James Pope 2107 Meadowview Dr, GWYNN OAK, MD 21207- 410-944-8147			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			
SN WK1: 1 (08/15/25-08/16/25) ,WK2: 1 (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) 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: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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:No Advance Directive 08/28/2025 standing_order: 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. PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, coughing, swelling in legs/around eyes, M1033 - Exhaustion, abnormal blood pressure (CR), M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited range of motion, limited strength, poor muscle tone, withdrawal from conversations, B1000 - Vision Deficit, #1 - Open Wound - Posterior Sacrum - 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, physician-ordered wound care: To sacral ulcer wound- Cleanse with soap and water, apply aquaphor daily and as needed with each episode of incontinence. TEACH PATIENT/CAREGIVER: * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient			PATIENT-STATED GOAL: Wife's goal is to use the hooyer lift to get patient OUT OF THE BED. GOALS patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule 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 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule 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 modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule patient/caregiver recalls * dietary guidelines for managing nutritional deficit * 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * 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			
Signature of Physician:			Date			
			PAGE 2 of 4			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles SN RN			08/15/2025			

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with dementia coping strategies for the caregiver, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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 home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient is adequately supervised 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 caregiver administers and/or packages medications appropriately			
PT Careplans			PT Goals			
PT 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: 2 (09/07/25-09/13/25) ,WK6: 2 (09/14/25-09/20/25) ,WK7: 2 (09/21/25-09/27/25) ,WK8: 2 (09/28/25-10/04/25) ,WK9: 1 (10/05/25-10/11/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, postural correction exercises, wheelchair training, strengthening exercises, neuromuscular re-education, 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 - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 03. Partial/moderate assistance, Medication Review-			PATIENT-STATD GOAL: To be able to sit up 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 - 03. Partial/moderate assistance Chair to Bed to Chair - 03. Partial/moderate assistance Toilet Transfer - 04. Supervision or touching assistance Car Transfer - 03. Partial/moderate assistance Medication Review-			
OT Careplans			OT Goals			
OT 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: 2 (09/07/25-09/13/25) ,WK6: 2 (09/14/25-09/20/25) ,WK7: 2 (09/21/25-09/27/25) ,WK8: 1 (09/28/25-10/04/25) ,WK9: 1 (10/05/25-10/11/25) 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 PROCEDURES: ADLS , Balance , Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, 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, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02 Substantial/maximal assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Medication Review- , Patient will demonstrate improved right upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks			PATIENT-STATD GOAL: Patient to be able to use the left arm again 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 Oral Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 02. Substantial/maximal assistance Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance			
Signature of Physician:			Date			
			PAGE 3 of 4			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles SN RN			08/15/2025			

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		Patient will demonstrate improved right upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks		
		Medication Review-		
		Eating - 06. Independent		
HHA Careplans HHA WK3: 1 (08/24/25-08/30/25) ,WK4: 1 (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) PROCEDURES: Change Bed Linens: Change bed linens, if clean linens are available. , assist with bathing: Bathe in bed, wash hair., assist with toileting hygiene, assist with transferring: He has a hooyer lift to assist with transfers, assist with infection control, assist with fall prevention, assist with lower body dressing, assist with upper body dressing		HHA Goals		
Signature of Physician:		Date		
		PAGE 4 of 4		
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