Home Health Certification and Plan of Care

Order ID: 1150/13182

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45003252700	10/15/2025	From: 10/15/2025 To: 12/13/2025	18074	217058

6. Patient's Name and Address

Saad Tabedy
32 Dauber Ct,
WINDSOR MILL, MD 21244-
443-336-2222

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 09/09/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	10/15/25

13. ICD	Other Pertinent Diagnoses	Date
I69.391	Dysphagia following cerebral infarction	10/15/25
I69.322	Dysarthria following cerebral infarction	10/15/25
I69.320	Aphasia following cerebral infarction	10/15/25
E11.621	Type 2 diabetes mellitus with foot ulcer	10/15/25
L97.428	Non-prs chronic ulcer of left heel/midft with oth severity	10/15/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	10/15/25
I10.	Essential (primary) hypertension	10/15/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/15/25
J44.89	Other specified chronic obstructive pulmonary disease	10/15/25
F33.1	Major depressive disorder recurrent moderate	10/15/25
E46.	Unspecified protein-calorie malnutrition	10/15/25
N39.46	Mixed incontinence	10/15/25
Z79.82	Long term (current) use of aspirin	10/15/25
Z95.1	Presence of aortocoronary bypass graft	10/15/25
Z72.0	Tobacco use	10/15/25

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

Amlodipine Besylate - Amlodipine Besylate take 10 MG, tablet by mouth once a day Give 10 mg by mouth one lime a day for HTN hold for SBP less than 110
Aquaphor Extemal Ointment (Emollient) Apply to affected area topical every 12 hours Apply to affected area topically every 12 hours as needed for dry skin Apply 2 Applications to the skin 2 times daily as needed
Gabapentin - Gabapentin take 100 MG 1 tablet by mouth twice a day Give 1 capsule by mouth two times a day for neuropathic pain
CVS Glucose take 4 GM, tablet by mouth every 4 hours Give 16 gram by mouth every 4 hours as needed for hypoglycemia Take 4 tablets by mouth every 15 min as needed for Low Blood Sugar (Hypoglycemia, Patient is conscious and able to swallow (without an NPO order) or has a Nasogastric tube or P - See Hospital Med List
Carvedilol - Carvedilol 3.125 MG, take 2 tablets by mouth twice a day Give 2 tablet by mouth two times a day for HTN Take 2 tablet by mouth 2 times daily with meals. Hold for SBP less than 110 or HR less than 60
Terazosin Hydrochloride - Terazosin Hydrochloride 11 MG, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Take 1 capsule by mouth nightly. hold for SBP less than 110 or HR less than 60
Mirtazapine - Mirtazapine 15 MG take 1 tablet by mouth once a day Give 15 mg by mouth one time a day for depression Take 1 tablet by mouth nightly.
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg, insert rectally rectal once a day insert 10 mg rectally every 24 hours as needed for bowel regimen place 1 suppository rectally 1 time daily as needed
Atorvastatin - Atorvastatin Calcium 80 MG, take 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for secondary stroke prevention
Hydralazine Hydrochloride - Hydralazine Hydrochloride 100 MG, take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for HTN
Aspirin 81Mg - Aspirin take 81 MG, 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for mild pain Take 1 tablet by mouth daily.
Melatonin - Melatonin 10 mg, Take 1 tablet by mouth at bedtime As needed for sleep
Basaglar - Insulin Glargine 100U/ml subcutaneous three times a day For diabetes management

14. DME and Supplies:

walker, cane

15. Safety Measures:

activity supervision, smoke detectors

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Speech, Ambulation

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Cane, Up As Tolerated

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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of 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 65-year-old male with a history of stroke, diabetes, hypertension, and right hemiplegia. He was recently discharged from a subacute rehabilitation facility following a left middle cerebral artery (MCA) infarct, resulting in slurred speech, expressive aphasia, dysphagia, generalized weakness, and impaired mobility. He resides in a townhouse with his son, who provides daily assistance. The patient requires help with all activities of daily living (ADLs), including bathing and dressing, and needs standby assistance for sit-to-stand and toilet transfers. He is ambulatory within the home but does not use assistive devices properly, although a cane and walker have recently been provided. A Timed Up and Go (TUG) test result of 1:04 indicates a high risk for falls. Communication is significantly impaired; the patient understands spoken language but struggles to express himself and would benefit from a communication board. During the home visit, the patient was alert but intermittently disoriented and visibly frustrated by his communication difficulties. He was observed ambulating unsafely without proper use of assistive devices and appeared incontinent, requiring total support with self-care. A wound on the left lateral foot, reportedly acquired at a nursing home, is being managed with wound care orders. Vital signs were stable aside from mildly elevated blood pressure. The plan includes continued skilled nursing visits for wound care and medication monitoring, initiation of physical and occupational therapy for gait and ADL retraining, and recommendation of a home health aide during the day for safety and personal care. Family education will focus on medication setup and fall prevention, with ongoing monitoring of blood pressure, cognition, and mobility at each visit.<o:p></o:p> <o:p> </o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 10/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Gail Berkenblit
601 N. Caroline Street
Baltimore, MD 21287
PHONE: FAX: NPI: 1841256781

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 : 09/24/2025

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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class="MsoNoSpacing">Date of Order<o:p></o:p> 10/15/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/24/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement pt-eval & treat ot-eval & treat hha-adls 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 - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Berkenblit, Gail

SN Careplans

SN WK1: 2 (10/15/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25)

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: 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; 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 alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Organ and tissue donation

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1700 - Cognition, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited range of motion, limited endurance, limited strength, weak hand grips, balance deficit, impaired speech, withdrawal from conversations, discolored patches of skin, open sores/lesions, #1 - Puncture - Anterior Left Foot - Treatment Recommendations: 1. Cleanse with 0.25% Dakins solutia 1. Cleanse with 0.25% Dakir 2. apply Santyl to base of the wounc 3. secure with Bordered Dressing 4. change Daily, and PRN

PROCEDURES: 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: 1. Cleanse with wound cleanser 2. apply Santyl to base of the wound 3. secure with Bordered Dressing 4. Change daily, and PRN, glucose testing via monitor, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * exercises to recover speech function, 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

SN Goals

PATIENT-STATED GOAL: "Patient unable to verbalize goal"

GOALS
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
* exercises to recover speech function
* 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/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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* 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

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/15/2025

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identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (10/15/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25) ,WK8: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Therapeutic exercise , Dynamic standing balance , 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, * 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Medication Review-Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

OT Careplans

OT WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,WK4: 1 (11/02/25-11/08/25) ,WK5: 1 (11/09/25-11/15/25) ,WK6: 1 (11/16/25-11/22/25) ,WK7: 1 (11/23/25-11/29/25) ,WK8: 1 (11/30/25-12/06/25)

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 , Patient/caregiver recalls related purpose and schedule of medications: Medication review , 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient

OT Goals

PATIENT-STATED GOAL: Caregiver wants patient to get better

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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Signature of Physician:

Date

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

Date
10/15/2025

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will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks	Don/Doff Footwear - 05. Setup or clean-up assistance 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
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