Home Health Certification and Plan of Care

Order ID: 1150/13598

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5XU8TP8QF50	08/15/2025	From: 10/14/2025 To: 12/11/2025	16240	217058

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

8. DOB 07/13/1943 | 9.Sex 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

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

Depakote ER Tablet Extended Release 24 Hour 250 MG (Divalproex Sodium ER) 250 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for Dementia with behavioral disturbances
Milk of Magnesia Suspension 1200 MG/15ML (Magnesium Hydroxide) 1200 MG/15ML, Give 30 ml Suspension by mouth once a day Give 30 ml by mouth every 24 hours as needed for Constipation Daily IF NO BM FOR 3 DAYS
Atorvastatin Calcium - Atorvastatin Calcium 10 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Amlodipine Besylate - Amlodipine Besylate 5 Mg, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 110 and HR 60
Eliquis - Apixaban 2.5 MG , Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for A-fib Monitor for S/S bleeding
Gabapentin - Gabapentin 100 MG, Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for neuropathy pain
Metformin Hcl - Metformin Hydrochloride 500 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for DM
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 mg, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Melatonin - Melatonin 5 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for insomnia
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) , Take 1,000 Units by mouth twice a day Vitamin d deficiency
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg tablet by mouth once a day Give 1 tablet by mouth one time a day for supplementation
Folic Acid - Folic Acid 1 mg 1 tablet by mouth once a day Supplement
Mirtazapine - Mirtazapine 15 mg 7.5 MG Give 0.5 tablet by mouth at bedtime For depression

14. DME and Supplies:
wheelchair, hoyer lift, wound care supplies, hospital bed

15. Safety Measures:
wheelchair precautions, cardiac precautions, activity supervision

16. Nutrition:
cardiac diet, 1800cal ADA

17. Allergies:
lisinopril

18.A. Functional Limitations
Bowel/Bladder Incontinence

18.B. Activities Permitted
Other,

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

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 A Cerebral Infarction That Affects The Left Non-Dominant Side Of The Body, 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 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Aarti Kapoor
2700 Quarry Lake Dr
Baltimore, MD 21209
PHONE: 4106057000 FAX: 14106057912 NPI: 1538197843

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 : 07/30/2025

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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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 10/10/2025 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
 4 - Recertification Notes: The patient is being recertified due to CVA with hemiparesis.
 Physician Kapoor, Aarti

SN Careplans

SN WK1: 1 (10/14/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25) ,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

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 ; 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.

Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, lung sounds not clear, muscle weakness, limited endurance, weak hand grips, skin breakdown r/t incontinence

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: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * exercises to recover speech function, 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

SN Goals

PATIENT-STATED GOAL: Wife's goal is to use the hoyer lift to get patient OUT OF THE BED.

GOALS
patient/caregiver recalls
* exercises to recover speech function
* 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

patient is adequately supervised

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

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 performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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
* 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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/10/2025

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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 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

* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

OT Careplans

OT WK1: 1 (10/14/25-10/18/25) ,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: M1400

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

OT Goals

PATIENT-STATED 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

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

Eating - 06. Independent

Medication Review

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/10/2025