# Home Health Certification and Plan of Care

**Order ID: 1150/13708**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 83148948 | 10/29/2025 | From: 10/29/2025 To: 12/27/2025 | 18872 | 217058 |

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

Helen Willis
7018 PARK HEIGHTS AVE APT D4,
BALTIMORE, MD 21215-
443-468-4660

**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** 09/18/1963 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 10/29/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I69.392 | Facial weakness following cerebral infarction | 10/29/25 |
| Z48.812 | Encntr for surgical aftcr following surgery on the circ sys | 10/29/25 |
| I10. | Essential (primary) hypertension | 10/29/25 |
| E78.5 | Hyperlipidemia unspecified | 10/29/25 |
| M54.50 | Low back pain unspecified | 10/29/25 |
| G89.29 | Other chronic pain | 10/29/25 |
| M17.10 | Unilateral primary osteoarthritis unspecified knee | 10/29/25 |
| R73.03 | Prediabetes | 10/29/25 |
| F17.210 | Nicotine dependence cigarettes uncomplicated | 10/29/25 |
| E66.01 | Morbid (severe) obesity due to excess calories | 10/29/25 |
| Z68.42 | Body mass index [BMI] 45.0-49.9 adult | 10/29/25 |

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

Lidoderm - Lidocaine 5 % patch , 1 patch transdermal once a day
Crestor - Rosuvastatin Calcium 10 mg 1 by mouth once a day In the AM
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 by mouth once a day In the AM
Norvasc - Amlodipine Besylate eq 10 mg base 1 tab by mouth once a day Pt takes in the am
Aspirin - Aspirin 81mg- 1 tab by mouth once a day every AM
Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-25 MG- 1 tab by mouth once a day in the am
Lyrica - Pregabalin 50 MG, Give 1 tablet by mouth twice a day taking medicine for pain. Patient instructed in medicine s/e, purpose, dosage. Not to stop taking the medicine abruptly must be weaned off of medicine. Patient state understanding of information given her.
C Q10 200 mg 1 tab by mouth once a day Patient reports MD placed her on the medicine to prevent muscle cramps while taking statin drugs.
Acetaminophen - Acetaminophen 500 mg, 2 tablets by mouth every 6 hours As needed for pain

**14. DME and Supplies:**

walker, cane

**15. Safety Measures:**

ambulates with assistance, medication safety, ambulates with device, non-slip surface in tub, fall precautions, bleeding precautions, bathroom safety, walker precautions, standard precautions

**16. Nutrition:**

cardiac diet, low sodium

**17. Allergies:**

lisinopril statins

**18.A. Functional Limitations**

Dyspnea With Minimal Exertion

**18.B. Activities Permitted**

Exercises Prescribed, Up As Tolerated, Walker

**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:** 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**

patient will be responsible for managing treatment

**Homebound status:**

Due to diagnosis of Hemiplegia 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 a 62-year-old female with a history of morbid obesity, chronic back and knee pain, and hyperlipidemia. She was recently hospitalized for an acute cerebrovascular accident (CVA) on 10/17/25 and underwent a transcarotid artery revascularization (TCAR) procedure due to acute carotid stenosis. She was greeted at the door, ambulatory with a walker, and appeared in good spirits, alert, and oriented 3, with a slight left facial droop. Mild shortness of breath was observed after ambulating approximately 12 steps. The patient reported tolerable pain in her lower back and bilateral knees, which are "bone on bone," with mild swelling noted. A right anterior neck surgical incision from a shunt placement was observed to be well approximated, intact, and without signs of infection. Vital signs were stable, bilateral breath sounds were clear but diminished at the bases, and oxygen saturation was 98%. The patient is a former smoker who quit three weeks ago and currently follows a low-sodium, low-fat diet with a good appetite. Education was reinforced on stroke and heart attack symptoms, bleeding precautions, safety, and diet. She lives alone, though her daughters are actively involved in her care. Physical and occupational therapy evaluations indicate that the patient currently presents with decreased bilateral lower extremity strength (3-/5 MMT) and left upper extremity weakness (4-/5 MMT) secondary to the recent CVA. She requires minimal assistance for transfers and short-distance ambulation with a rolling walker and demonstrates shortness of breath with exertion and during conversation. She also reports increased pain that may be related to statin use. The patient is contact guard to minimal assistance for bathing, dressing, and toilet transfers and requires verbal cues for limb placement. She currently bathes at the sink and is awaiting a shower chair for safety. Skilled nursing and therapy services are recommended to improve strength, balance, safety, and independence in functional mobility and activities of daily living to facilitate return to her prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/29/2025<br> Order<o:p></o:p> Physician Face-to-Face Date: 10/24/2025<br> Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat HHA-adls OT-eval & treat DX: Hemiplegia following cerebral infarction affecting left non-dominant side<br> 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> <br> 1 - SOC - SN Notes: <br> PT Eval Notes:<br> OT Eval Notes:<o:p></o:p> Physician: Lee, Shirley

**SN Careplans**

**SN Goals**

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

Electronically Signed by Messick, Charles RN on 10/29/2025

**25. Date HHA Received Signed POT**

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

Shirley Lee
7141 Security Blvd
Baltimore , MD 21244
PHONE: 4436636000 FAX: 14436636295 NPI: 1730398819

**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 : 10/24/2025

**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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SN WK1: 3 (10/29/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25)

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: 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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, swelling of affected area, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, obesity, #1 - Observable Surgical Wound - Other - Anterior neck - Surgical wound was covered with skin glue. Incision was well approximated.

PROCEDURES: Medication review: Medications reviewed with Pt/ CG, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Ant. neck surgical incision : keep open to air, do not get wet. F/U with Vascular surgeon on 11/6. Instructed on s/s to report., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: "I don't want to have another stroke"

GOALS
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
* 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 manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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
* 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 is adequately supervised

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

## PT Careplans

PT WK1: 1 (10/29/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25) ,WK8: 1 (12/14/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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: Medication Review : - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

## PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

GOALS
Car Transfer - 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 10/29/2025 |

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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 - 05. Setup or clean-up 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, Medication Review-

Picking Up Object - 04. Supervision or touching 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

Walk 10 Feet - 04. Supervision or touching assistance

Medication Review-

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

Toilet Transfer - 05. Setup or clean-up assistance

## OT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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 , 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, * 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 left 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 wants to get stronger and walk better

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

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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

Oral Hygiene - 06. Independent

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 10/29/2025 |