Home Health Certification and Plan of Care

Order ID: 1150/13924

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36237155	11/07/2025	From: 11/07/2025 To: 01/05/2026	19161	217058

6. Patient's Name and Address
Belinda Crawford
2910 Rockingham Court,
PASADENA, MD 21122-
720-849-6230

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 03/22/1962 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G45.9	Transient cerebral ischemic attack unspecified	11/07/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	11/07/25
E78.5	Hyperlipidemia unspecified	11/07/25
G89.4	Chronic pain syndrome	11/07/25
M47.26	Other spondylosis with radiculopathy lumbar region	11/07/25
F17.210	Nicotine dependence cigarettes uncomplicated	11/07/25
Q21.12	Patent foramen ovale	11/07/25
Z79.82	Long term (current) use of aspirin	11/07/25
Z85.44	Personal history of malig neoplasm of female genital organs	11/07/25

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

Aspirin - Aspirin 325 mg, Take 1 tablet by mouth once a day aspirin 81 MG tablet delayed release
Ergocalciferol - Ergocalciferol 1.25 MG (50000 UT) capsule, Take 50,000 Units by mouth once a week ergocalciferol 1.25 MG (50000 UT) capsule Take 50,000 Units by mouth weekly. Mondays
Rosuvastatin Calcium - Rosuvastatin Calcium 10 MG tablet, Take 10 mg by mouth once a day
Clopidogrel - Clopidogrel 75 mg by mouth once a day

14. DME and Supplies:
rolling walker, hand held shower, grab bars, cane

15. Safety Measures:
bathroom safety, , , , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
codeine oxycodone ibuprofen methylprednisolone nifedipine prednisone

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Independent at Home, Cane, Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, 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 Transient Cerebral Ischemic Attack Unspecified, 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 63-year-old female with a significant medical history including hyperlipidemia, type 2 diabetes mellitus, prior transient ischemic attack (TIA), chronic pain syndrome, lumbar spondylosis with radiculopathy, vulvar cancer, and a patent foramen ovale identified on TEE in 2008. She was admitted on 10/29/25 due to dizziness, slurred speech, and progressive weakness affecting ambulation. The patient reports that she experienced a recent TIA resulting in weakness of the left upper and lower extremities, along with generalized bilateral lower extremity weakness that has contributed to increased difficulty with mobility. She also noted episodes of low systolic blood pressure, which her physician is aware of. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrates difficulty transitioning from sitting to standing and requires frequent use of a walking staff for stabilization. Initial standing balance is impaired, and her ambulation is characterized by slow cadence, short stride length, and a widened base of support. She requires standby guarding with all ambulation attempts. Functionally, the patient reports challenges with basic activities of daily living (BADLs), including washing her feet, applying lotion, threading her left leg into pants due to weakness and occasional light sensitivity, and tying shoelaces. She remains able to prepare simple meals but currently requires contact guard to minimal assistance for most BADLs. She is not driving at this time. The patient resides in a single-family home with her spouse and has eight steps leading to the main living level where the bedroom and bathroom are located, in addition to two steps at the entrance. Her spouse and son serve as primary caregivers. Care plans and interventions include continued <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of mobility, gait training with appropriate assistive devices, fall prevention strategies, support for BADLs, and education on safety, energy conservation, and blood pressure monitoring. Further coordination with neurology and primary care is recommended to monitor her post-TIA status, neurological recovery, and management of chronic comorbidities.
 Date of Order 11/07/2025 Orders Physician Face-to-Face Date: 10/31/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Transient Cerebral Ischemic Attack Unspecified 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 - OT Notes: soc PT Eval Notes:
 Physician Diwanji, Maria

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/07/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Maria Diwanji
29 S. Paca St
Baltimore, MD 21201
PHONE: 800-777-7904 FAX: 1-855-902-4974 NPI: 1225304371

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 : 10/31/2025

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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PT WK1: 1 (11/07/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25) ,WK9: 1 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: cough/deep breathing exercises, incentive spirometer, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PATIENT-STATED GOAL: Patient wants to be able to leave the home on her own ,and return to driving,so she can go shopping

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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

Walk 10 Feet - 06. Independent

1 _ Step (curb) - 06. Independent

OT Careplans

OT WK2: 1 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25)

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: 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: GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, M2102c - Med Admin, M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, lightheadedness, cramping calves/thighs/hips, dizziness/syncope, abnormal blood pressure, urine retention, balance deficit, headache, sensitivity to sounds & light, Pain Interference with ADLs, Pain Effect on Sleep, tooth pain/decay/sensitivity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, home exercise program: shoulder flex-exten x 10 reps, equipment training, work simplification/energy conservation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep,

OT Goals

PATIENT-STATED GOAL: TO be able to work, do more exercises;Medication review ;Therapeutic exercise ;Balance training

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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

Signature of Physician:

Date

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

Date
11/07/2025

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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, * 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 manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, 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	* 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 caregiver administers and/or packages medications appropriately patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/07/2025