# Home Health Certification and Plan of Care

**Order ID: 1150/13937**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 100005901 | 09/16/2025 | From: 11/15/2025 To: 01/14/2026 | 17435 | 217058 |

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

Barbara Houston
3603 Blair Avenue,
RANDALLSTOWN, MD 21133-
410-496-6707

**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** 09/13/1946 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.351 | Hemiplga following cerebral infrc aff right dominant side | 09/16/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I69.320 | Aphasia following cerebral infarction | 09/16/25 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 09/16/25 |
| I50.32 | Chronic diastolic (congestive) heart failure | 09/16/25 |
| N18.30 | Chronic kidney disease stage 3 unspecified | 09/16/25 |
| E55.9 | Vitamin D deficiency unspecified | 09/16/25 |
| E78.5 | Hyperlipidemia unspecified | 09/16/25 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 09/16/25 |
| K59.00 | Constipation unspecified | 09/16/25 |
| D50.9 | Iron deficiency anemia unspecified | 09/16/25 |
| R33.9 | Retention of urine unspecified | 09/16/25 |
| Z79.01 | Long term (current) use of anticoagulants | 09/16/25 |
| Z79.82 | Long term (current) use of aspirin | 09/16/25 |
| Z85.3 | Personal history of malignant neoplasm of breast | 09/16/25 |
| Z96.0 | Presence of urogenital implants | 09/16/25 |

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

Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg 12.5 mg , take 1 tablet by mouth once a day take 1 tablet by oral route every day for blood pressure
Clopidogrel - Clopidogrel 75 mg , take 1 tablet by mouth once a day take 1 tablet by oral route every day for blood thinner
Metoprolol Tartrate - Metoprolol Tartrate 25 mg , take 1 tablet by mouth twice a day take 1 tablet by oral route 2 times every day for blood pressure
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) , take 1 tablet by mouth once a day take 1 tablet by oral route every day for supplement
Atorvastatin - Atorvastatin Calcium 40MG , TAKE 1 TABLET by mouth at bedtime TAKE 1 TABLET BY MOUTH EVERY DAY for cholesterol
Colace - Docusate Sodium 100 mg , take 1 capsule by mouth twice a day take 1 capsule by oral N
route 2 times every day as needed for constipation
Aspirin 325Mg - Aspirin 325 mg , take 1 tablet by mouth once a day take 1 tablet by oral route every day for heart health
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 unit , take 1 tablet by mouth once a day 1 tablet daily for supplement
Senna - Senna 8.6 mg , take 2 tablet by mouth once a day take 1 tablet by oral route every day as needed for constipation
Miralax - Polyethylene Glycol 3350 17 gram , give 1 packet powder by mouth once a day give 1 packet by mouth one time daily as needed for constipation
Acetaminophen - Acetaminophen 325 mg , take 2 tablets by mouth every 4 hours 325 mg oral tablet 650 mg = 2 tab(s), PO, Q4H, PRN-pain moderate

**14. DME and Supplies:**
wheelchair, rolling walker, diabetic supplies, cane, bath bench

**15. Safety Measures:**
ambulates with device, ambulates with assistance

**16. Nutrition:**
regular

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Speech, Ambulation

**18.B. Activities Permitted**
No Restrictions

**19. Mental & Pyschosocial Status:** COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 1 Requires assistance, HISTORY OF DEPRESSION:

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: N/A, MOBILITY: N/A

**22.B.Discharge Plans**
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting The 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 78-year-old female with a past medical history significant for hypertension, hyperlipidemia, heart failure with preserved ejection fraction (HFpEF), coronary artery disease, chronic kidney disease, and breast cancer status post lumpectomy. She experienced a cerebrovascular accident (CVA) in April 2025 with residual mild aphasia and, more recently, suffered a second CVA resulting in right hemiplegia with worsening cognitive and speech deficits. Prior to her initial CVA, the patient was fully independent in mobility and ADLs without the use of an assistive device. Following the first CVA, she began ambulating with a rolling walker and was preparing for outpatient therapy when her second event occurred.  At present, the patient demonstrates significant functional decline. Manual muscle testing reveals 3+/5 strength in the left lower extremity and 2-/5 strength in the right lower extremity. Right knee hyperextension is noted during stance phase. She requires minimal assistance for transfers and contact guard assistance for short-distance ambulation with a rolling walker. She has limited right upper extremity range of motion and impaired grasp strength. The patient requires assistance for bathing and dressing and is dependent for medication management. Transfers to the toilet, tub, and sit-to-stand all require minimal to contact guard assistance. Cognitively, she is oriented 1 with persistent aphasia and worsening speech and comprehension deficits.  Physical therapy start of care (SOC) included patient and caregiver instruction in an initial home exercise program consisting of seated knee extensions, seated hip flexion, and mini-squats performed with rolling walker support and caregiver assistance. Education was also provided regarding fall prevention strategies, safe transfer techniques, and the importance of consistent exercise participation to promote strength recovery.  The patient lives with her son in a multi-level home and is never left alone, receiving 24/7 supervision and assistance. Given her deficits in strength, mobility, cognition, balance, and communication, she remains at high risk for falls and further decline. Skilled physical therapy services are medically necessary to improve strength, enhance balance, maximize functional mobility, and promote safety and independence in order to support her progression toward prior level of function and optimize quality of life. <br> Date of Order 11/10/2025 Orders Physician Face-to-Face Date: 08/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Hemiplegia And Hemiparesis 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 <br> 4 - Recertification Notes: Patient can continue to benefit from continued OT services to address ADLs, transfers and bilateral upper extremity muscle strength to improve function of the right upper extremity. <br> Physician Halaby Holmes, Michaelle

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 11/10/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Michaelle Halaby Holmes
1838 Greene Tree Rd
Pikesville, MD 21208
PHONE: 4434710469 FAX: 14105841883 NPI: 1932105137

**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 : 08/28/2025

**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 Careplans

PT WK1: 11 (11/15/25-11/15/25)

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, home exercise program: HEP as of 9/16/25: seated knee flex/ext, hip flex 1x15. Standing mini squats with BUE support. Upgrade as tolerated, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, teach/coordinate/arrange medication packaging and/or administration

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, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance

## PT Goals

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Picking Up Object - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 10 Feet - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Sit to Stand - 03. Partial/moderate assistance

caregiver performs medical/rehabilitation treatments with adequate competence

caregiver administers and/or packages medications appropriately

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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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

## OT Careplans

OT WK1: 10 (11/15/2025 - 11/15/2025), WK2: 1 (11/16/2025 - 11/22/2025), WK3: 1 (11/23/2025 - 11/29/2025)

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:

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive:

## OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger in the right arm and move it more

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

Oral Hygiene - 06. Independent

Signature of Physician:

Date



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

Date
11/10/2025

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, limited range of motion, impaired speech

PROCEDURES: ADLS , Cognition, Medication reviewed with patient/caregiver : Medications 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 - 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 RSh flexion from 48 degs to 65 degs and Rsh abd from 45 degs to 65 degs improve ADLs and transfers within 6 wks

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Patient will demonstrate improved RSh flexion from 48 degs to 65 degs and Rsh abd from 45 degs to 65 degs improve ADLs and transfers within 6 wks

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 11/10/2025 |