

Home Health Certification and Plan of Care				Order ID: 1150/14000	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
35949476		11/13/2025		From: 11/13/2025 To: 01/11/2026	
				4. Medical Record No.	
				19356	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Melvenia Cooper				HomeCentris Healthcare LLC	
1711 Waverly Way Apt A,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21239-				Owings Mills, MD 21117-8284	
443-435-3374				410-321-8448	
				1487113239	
8. DOB 03/09/1966 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Humalog - Insulin Lispro Recombinant 100 units/ml 5units subcutaneous	
M31.19		Other thrombotic microangiopathy		three times a day DM	
		Date		Lantus Solostar - Insulin Glargine Recombinant 20 UNITS subcutaneous once	
		11/13/25		a day DM	
13. ICD		Other Pertinent Diagnoses		Melatonin - Melatonin 5 MG Tablet 1 tablet by mouth at bedtime at bedtime	
E11.65		Type 2 diabetes mellitus with hyperglycemia		as needed Orally Once a day	
I10.		Essential (primary) hypertension		SLEEP AIDE	
E11.40		Type 2 diabetes mellitus with diabetic neuropathy unsp		Amlodipine - Amlodipine Besylate 5 MG Tablet 2 tabletS by mouth once a	
J44.9		Chronic obstructive pulmonary disease unspecified		day BLOOD PRESSURE	
M79.651		Pain in right thigh		cioBAZam 10 MG Tablet 1tablet by mouth twice a day SEIZURE	
M79.652		Pain in left thigh		Levetiracetam - Levetiracetam 750 mg 750 MG Tablet 2 tablet by mouth	
F41.9		Anxiety disorder unspecified		every 12 hours SEIZURE	
F32.1		Major depressive disorder single episode moderate		Clonidine - Clonidine 0.2 MG Tablet by mouth three times a day tablet Oral	
F41.0		Panic disorder [episodic paroxysmal anxiety]		3 times a day	
R10.11		Right upper quadrant pain		BLOOD PRESSURE	
R60.0		Localized edema		Aspirin 81Mg - Aspirin 81 MG , 1 tablet by mouth once a day PROPHYLACTIC	
Z79.82		Long term (current) use of aspirin		Pantoprazole - Pantoprazole Sodium 40 mg 40 MG Tablet by mouth once a	
Z79.51		Long term (current) use of inhaled steroids		day STOMACH	
Z87.891		Personal history of nicotine dependence		Eliquis - Apixaban 5MG; 1TAB by mouth twice a day BLOOD THINNER	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		CVA	
				Potassium Cl - Potassium Chloride 99MG; 1 TAB by mouth once a day	
				SUPPLEMENT	
				Atorvastatin Calcium - Atorvastatin Calcium 80 MG Tablet 1 tablet by mouth	
				once a day CHOLESTEROL	
				Nicotine Patch - Nicotine Patch 14MG; 1 TACH subcutaneous once a day	
				SMOKING CESSATION	
				Lorazepam - Lorazepam 1 mg 1 MG Tablet by mouth at bedtime AS NEEDED	
				FOR ANXIETY	
				Ipratropium - Ipratropium Bromide .5-2.5 (3) MG/3ML, Solution 1 Nebule	
				inhalant four times a day 1 Nebule Four Times A Day PRN Inhalation	
				Advair - Fluticasone Propionate: Salmeterol Xinafoate 115 mcg-21 mcg/inh	
				inhalation aerosol 1 puff inhalant twice a day at bedtime (Advair HFA 115	
				mcg-21 mcg/inh inhalation aerosol 1 puff bid, Notes to Pharmacist: "Reorder	
				from Medispan for eRx and Interaction Alerts	
				)	
				COPD	
				Albuterol - Albuterol 108 (90 Base) MCG/ACT , 1 puff inhalant four times a	
				day Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as	
				needed Inhalation 4 times a day AS NEEDED FOR SOB	
				COPD	
14. DME and Supplies:				15. Safety Measures:	
diabetic supplies, bath bench, walker				standard precautions, seizure precautions, fall precautions, diabetic	
				precautions, bleeding precautions, ambulates with device, walker	
				precautions, medication safety, sharps precautions, anticoagulant	
				precautions, activity supervision	
16. Nutrition:				17. Allergies:	
diabetic, cardiac diet,				penicilin doxycycline	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Walker, Exercises Prescribed	
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Other thrombotic microangiopathy, 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.					

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/13/2025			
24. Physician's Name and Address		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.	
Pankaj Kheterpal		F2F date : 11/04/2025	
223 Eastern Ave			
Essex, MD 21221			
PHONE: 410-687-8818 FAX: 14106823989 NPI: 1801813746			
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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Melvenia Cooper 1711 Waverly Way Apt A, BALTIMORE, MD 21239- 443-435-3374			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
Clinical Condition Requiring Homecare:					
<p class="MsoNoSpacing">The patient is a recently hospitalized individual with a diagnosis of CVA and frailty. Her past medical history includes abdominal swelling, anxiety, asymptomatic diabetic neuropathy, COPD, type 2 diabetes on insulin, hand and shoulder pain, hypertension, major depressive disorder, panic disorder, and peripheral edema. She is alert and oriented 3 but occasionally forgetful and anxious. The patient reports intermittent shortness of breath, denies pain, has a good appetite, and had a bowel movement today. On assessment, left-hand swelling and an unsteady gait were noted. She uses a rollator at home for safe ambulation. Skilled nursing visits have focused on medication review, including dose, frequency, indications, and side effects, with emphasis on recognizing signs of bleeding due to concurrent use of Eliquis and aspirin. Both the patient and her daughter verbalized understanding of disease process management and medication instructions, with the daughter assisting with all ADLs and IADLs as needed. Physical therapy evaluation revealed general weakness, limited endurance, and unsteady gait. The patient was educated on and performed home exercises, including long arcs, mini squats, sidekicks, and heel raise (10 2 reps). She received instruction on fall prevention, safe use of the rolling walker, and strategies to improve mobility and balance. Skilled therapy services are indicated to enhance strength, functional mobility, transfer safety, and independence in the home environment, with continued caregiver support.</o:p></o:p></p><p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">11/13/2025<o:p></o:p></p><p class="MsoNoSpacing">Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 11/04/2025
 Clinical Condition Requiring Home Care per Certifying Physician: RN-disease management PT eval and treat OT eval and treat DX: Other thrombotic microangiopathy
 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></p><p class="MsoNoSpacing">
 1 - SOC - SN Notes: <o:p></o:p></p><p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician: Kheterpal, Pankaj</p>					
SN Careplans			SN Goals		
SN WK1: 1 (11/13/25-11/15/25) ,WK2: 2 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25)			PATIENT-STATED GOAL: TO GO HOME		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			* how to optimize range of motion with active and passive therapeutic exercises		
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.			* manage pain/discomfort		
; 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			* fluid and diet intake to promote healing		
Advance Directive:No Advance Directive			* prevent constipation		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, swelling in the arms/legs, abnormal BS < 70/140 > mg/dL, limited endurance, limited strength, balance deficit			* recalls related medication(s) purpose, schedule		
PROCEDURES: cough/deep breathing exercises, glucose testing via monitor			patient/caregiver recalls		
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 to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts,			* 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 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		
			* 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		
			* 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		
			* lifestyle modifications to manage cardiac condition including symptom management		
			* diet changes		
			* regular exercise		
			* getting enough sleep		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings		
			* physical exercise plan		
			* diet		
			* 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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			11/13/2025		

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and threats, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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's transportation needs are met, meal preparation is available to patient for all meals			* recalls related medication(s) purpose, schedule patient's transportation needs are met meal preparation is available to patient for all meals		
PT Careplans			PT Goals		
PT WK1: 1 (11/13/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: The medication was reviewed with the patient, Home exercises: Long arc, marching, mini squats and heel raises --10x2 reps , 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, 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			PATIENT-STATED GOAL: To get stronger and walk better GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/13/2025