

Home Health Certification and Plan of Care				Order ID: 1150/14051	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
19261411		11/14/2025		From: 11/14/2025 To: 01/12/2026	
				4. Medical Record No.	
				19502	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Selena Sheeder				HomeCentris Healthcare LLC	
13204 Miles Rd,				10 Crossroads Drive, Suite 102	
MIDDLE RIVER, MD 21220-				Owings Mills, MD 21117-8284	
443-400-4253				410-321-8448	
				1487113239	
8. DOB				9. Sex	
10/02/1972				Female	
11. ICD		Principal Diagnosis		Date	
I69.398		Other sequelae of cerebral infarction		11/14/25	
13. ICD		Other Pertinent Diagnoses		Date	
R26.2		Difficulty in walking not elsewhere classified		11/14/25	
I10.		Essential (primary) hypertension		11/14/25	
E11.65		Type 2 diabetes mellitus with hyperglycemia		11/14/25	
G89.4		Chronic pain syndrome		11/14/25	
L40.9		Psoriasis unspecified		11/14/25	
M81.0		Age-related osteoporosis w/o current pathological fracture		11/14/25	
M19.90		Unspecified osteoarthritis unspecified site		11/14/25	
Z79.01		Long term (current) use of anticoagulants		11/14/25	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		11/14/25	
Z79.4		Long term (current) use of insulin		11/14/25	
Z79.82		Long term (current) use of aspirin		11/14/25	
D64.9		Anemia unspecified		11/14/25	
14. DME and Supplies:				15. Safety Measures:	
walker, cane				walker precautions, medication safety, fall precautions, diabetic precautions, bathroom safety, avoid temperature extremes, ambulates with device	
16. Nutrition:				17. Allergies:	
diabetic				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Walker, Cane, Up As Tolerated	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Psychosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
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 sequelae of cerebral infarction. 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:		<p class="MsoNoSpacing">The patient is a 53-year-old woman with a recent left-sided ischemic stroke resulting in left hemiparesis, confusion, and initial disorientation to time. Her medical history includes hypertension, hyperlipidemia, type 2 diabetes, migraines, fibromyalgia, chronic pain, and a right lazy eye. She also presented with acute sinus pain, vomiting, leukocytosis, and a transient erythematous reaction following empiric antibiotics. On assessment, the patient was alert and oriented 3, denied chest pain or dizziness, demonstrated clear lung sounds, intact skin, normal bowel and bladder function, present pedal pulses, and no edema. Medication compliance has been poor; therefore, medication actions, side effects, and the importance of adhering to antihypertensive therapy, as well as signs and symptoms of DVT and the need for regular blood pressure and blood sugar monitoring, were reviewed with the patient and her caregiver. Both were receptive and verbalized understanding. Functionally, the patient previously lived independently with her spouse in a two-story home and managed all IADLs, self-care, transfers, and ambulation. Currently, she exhibits decreased standing balance and tolerance, reduced bilateral upper-extremity strength, left hamstring tightness, bilateral knee pain, and overall reduced activity tolerance, which impair her gait and limit her ability to complete daily activities. Skilled occupational therapy is recommended to address these deficits and promote a return to her prior level of functional independence.</p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">11/14/2025<o:p></o:p></p><p class="MsoNoSpacing">Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 11/11/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Other sequelae of cerebral infarction 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">OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician: Conteh, Salima</p>			
SN Careplans				SN Goals	
SN WK1: 1 (11/14/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25)				PATIENT-STATED GOAL: I want to regain my balance	
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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications				* how to manage complications of immobility including	
				* skin care	
				* strength, balance	
				* dexterity and range-of-motion therapeutic exercises	
				* promotion of peripheral circulation	
				* fluid and diet intake to promote healing and prevent constipation	
				patient/caregiver recalls	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/14/2025					
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.	
Salima Conteh				F2F date : 11/11/2025	
4920 Campbell Blvd					
Nottingham, MD 21236					
PHONE: 4109337600 FAX: NPI: 1154907780					
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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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. ; 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: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, wheezing, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, limited endurance, limited strength, limited range of motion, muscle weakness, Pain Effect on Sleep, balance deficit, B1000 - Vision Deficit, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, obesity, itchy skin, discolored patches of skin PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired TEACH PATIENT/CAREGIVER: * 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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * 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	* how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 skin condition including physician-prescribed treatment * skin care * bathing * sun protection * diet * exercise * recalls related medication(s) purpose, schedule patient/caregiver recalls * diet * weight-bearing exercises to promote bone healing and strengthening * fluids to prevent constipation * home safety * pain control * 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 * 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 * 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 keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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PT Careplans	PT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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PT WK2: 1 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 2 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25) 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 and the caregiver, Home exercises : Hamstring stretches , slr, le abd/add, long arc , marching 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance		PATIENT-STATED GOAL: To walk straight with out pain GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance		
OT Careplans OT WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Medication Review : Medication reviewed with patient and caregiver., equipment training, work simplification/energy conservation, assist with bathing, assist with transferring, assist with upper body dressing, therapeutic exercises, assist with meal preparation, assist with laundry 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		OT Goals PATIENT-STATED GOAL: I want to 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 Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

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