Home Health Certification and Plan of Care

Order ID: 1150/13627

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1AC0KG8DU05	11/03/2025	From: 11/03/2025 To: 01/02/2026	18719	217058

6. Patient's Name and Address
Stanley Williams
2304 Round Rd,
BROOKLYN, MD 21225-
410-670-6900

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 01/12/1967 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G40.909	Epilepsy unsp not intractable without status epilepticus	11/03/25

13. ICD	Other Pertinent Diagnoses	Date
F10.930	Alcohol use unspecified with withdrawal uncomplicated	11/03/25
I10.	Essential (primary) hypertension	11/03/25
F43.23	Adjustment disorder with mixed anxiety and depressed mood	11/03/25
E03.9	Hypothyroidism unspecified	11/03/25
E27.1	Primary adrenocortical insufficiency	11/03/25
F41.9	Anxiety disorder unspecified	11/03/25
F32.A	Depression unspecified	11/03/25
F51.01	Primary insomnia	11/03/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	11/03/25

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

Amlodipine Besylate - Amlodipine Besylate 5 mg,Take 1 tablet` by mouth once a day for hypertension.
Sodium Phosphates In Plastic Container - Sodium Phosphate, Dibasic, Heptahydrate: Sodium Phosphate, Monobasic Anhydrous 7-19 GM/118ML, Insert 1 dose rectal as necessary 7-19 GM/118ML enema for bowel regimen. Insert 1 dose rectally every 24 hours as needed.
Folic Acid - Folic Acid 1 MG, take 1 tablet by mouth once a day Give by mouth one time a day for ANEMIA
Furosemide - Furosemide 20 MG, take 1 tablet by mouth once a day give 1 tablet by mouth in the morning for Edema
Glycopyrrolate 1 mg, take 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for Secretions
Lactulose - Lactulose 10gm/15ml by mouth once a day give 30 ml by mouth one time a day for BOWEL REGIMEN
Levetiracetam - Levetiracetam 1000 mg , take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for SEIZURE
Levothyroxine Sodium - Levothyroxine Sodium 50 mcg , take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HYPOTHYRODISM
Lidocaine - Lidocaine 4% patch topical as necessary Apply to Left upper trapezius topically every 24 hours as needed for Left upper trap pain On 12 hrs/off 12 hrs
Melatonin - Melatonin 10 mg, take 1 tablet by mouth at bedtime Give 1 tablet Verbal by mouth at bedtime for Insomina
Naloxone Hcl - Naloxone Hydrochloride 4 mg/0.1ml, 1 spray nasal as necessary 1 spray in nostril every 3 minutes as needed for Drug Overdose spray 1 in one nostril, if no response after 2-3 minutes, administer another spray in other nostril. Continue sprays in alternate nostrils every 2-3 minutes until response or emergency medical help arrives
Pantoprazole Sodium - Pantoprazole Sodium eq 40 mg base 40 mg, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for GERD
Sennosides - Senna 8.6-50 mg, take 2 tablet by mouth at bedtime Give 2 tablet by mouth at bedtime for BOWEL REGIMEN
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg, take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for ANEMIA

14. DME and Supplies:
cane

15. Safety Measures:
seizure precautions, bathroom safety, ambulates with device

16. Nutrition:
regular

17. Allergies:
coocnut

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted
Up As Tolerated, Cane

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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 Epilepsy Unsp Not Intractable Without Status Epilepticus, 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:
Electronically Signed by Messick, Charles RN on 11/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Juliana Cartagena Santana
3001 S Hanover St Ste 300
Baltimore, MD 21225
PHONE: 4103508222 FAX: 18666050284 NPI: 1457090672

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 : 10/14/2025

27. Attending Physician's Signature and Date Signed **11/11/2025** 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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Clinical Condition Requiring Homecare:

The patient is a 58-year-old male with a complex medical history that includes hypertension, gastroesophageal reflux disease (GERD) with esophagitis, hypothyroidism, seizure disorder, encephalopathy, megaloblastic anemia, adrenocortical insufficiency, chronic pain syndrome, opioid dependence, alcohol use disorder, thrombocytopenia, hyponatremia, and lumbar stenosis. Approximately two months ago, the patient experienced a cerebrovascular accident (CVA) at home, after which paramedics transported him to the hospital for evaluation and treatment. Since the event, he has exhibited left-sided weakness and general deconditioning. The patient currently resides in a single-level apartment with his girlfriend. The home has two exterior steps without a railing and eight interior steps leading to the main living area. Prior to his stroke, the patient was independent with activities of daily living (ADLs) and drove regularly. He now ambulates with a cane both indoors and outdoors, requiring supervision for basic ADLs and assistance with instrumental ADLs. No recent falls have been reported. The patient's caregiver, his ex-wife, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> twice daily to assist with monitoring, medication management, and general support. During assessment, the patient was alert and oriented to person, place, time, and situation. He denied chest pain, palpitations, or dizziness. Lung sounds were clear but diminished at the bases. Bowel sounds were normoactive, with the last bowel movement occurring the same morning. The patient voids without difficulty. No edema was noted, pedal pulses were palpable, and the skin was clean, dry, and intact. Mild left-hand swelling was observed. The patient demonstrates decreased functional mobility, limited strength and balance, and poor safety awareness, all of which increase his risk of falls and limit independence. Skilled physical therapy was initiated to address deficits in balance, strength, endurance, and mobility, with a goal of improving safety and independence in ambulation, transfers, and stair negotiation. The plan of care includes physical therapy at a frequency of 2 times per week for 2 weeks, followed by 1 time per week for 4 weeks. Education was provided regarding medication effects and adherence, stroke recovery expectations, energy conservation, and safe techniques for performing ADLs with left-sided weakness. The patient and his caregiver demonstrated understanding and agreed with the plan of care. Continued skilled nursing oversight is indicated to monitor progress, reinforce education, and prevent further decline or falls.
 Date of Order 11/03/2025 Orders Physician Face-to-Face Date: 10/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Epilepsy Unsp Not Intractable Without Status Epilepticus 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 - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Cartagena Santana, Juliana

SN Careplans

SN 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 (12/28/25-12/28/25)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, M1033 - Exhaustion, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion, constipation, increased urine output, muscle weakness, limited range of motion, limited endurance, limited strength, seizures, balance deficit, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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

SN Goals

PATIENT-STATED GOAL: Walk my dog without pain

GOALS
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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

PT Careplans

PT WK2: 2 (11/09/25-11/15/25) ,WK3: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze.

PT Goals

PATIENT-STATED GOAL: I just want to feel better, to be happy, and to be able to play ball again.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/03/2025

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Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

TEACH PATIENT/CAREGIVER: 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

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

OT Careplans

OT WK1: 1 (10/29/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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 - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Therapeutic exercise , Balance training , to improve endurance

OT Goals

PATIENT-STATED GOAL: able to go to PLOF

GOALS
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

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Therapeutic exercise

Balance training

to improve endurance

Signature of Physician:

Date

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

Date
11/03/2025