Home Health Certification and Plan of Care

Order ID: 1150/14376

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
481103038	11/19/2025	From: 11/19/2025 To: 01/17/2026	19404	217058

6. Patient's Name and Address

Ridgely Nelson
331 Spry Island Road,
JOPPA, MD 21085-
443-922-9529

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 03/17/1948 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	11/19/25

13. ICD	Other Pertinent Diagnoses	Date
M79.604	Pain in right leg	11/19/25
R53.1	Weakness	11/19/25
Z79.82	Long term (current) use of aspirin	11/19/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/19/25

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

Ultram - Tramadol Hydrochloride 50 mg Oral Tab,Take 2 tablets,take 1 tablet every 12 hours by mouth after meal as needed for severe pain. *30 day supply
Lasix - Furosemide 20 mg Oral Tab,Take 1 tablet by mouth in the morning
Glucophage - Metformin Hydrochloride 1,000 mg Oral Tab,Take 1 tablet by mouth twice a day with meals for diabetes
Norvasc - Amlodipine Besylate 10 mg Oral Tab,Take 1 tablet by mouth once a day
Tenormin - Atenolol 100 mg Oral Tab,Take 1 tablet by mouth once a day
Singulair - Montelukast Sodium 10 mg Oral Tab,Take 1 tablet by mouth in the evening
Prinivil - Lisinopril 40 mg Oral Tab,Take 1 tablet by mouth once a day for blood pressure and heart and kidney protection
Hydrochlorathiazide - Hydralazine Hydrochloride: Hydrochlorothiazide 12.5 mg Oral Tab,Take 1 tablet by mouth once a day
Metformin - Metformin Hydrochloride 500 mg Oral 24hr SR Tab,Take 1 tablet by mouth twice a day
Proscar - Finasteride 5 mg Oral Tab,Take 1 tablet by mouth once a day
Mobic - Meloxicam 15 mg Oral Tab,Take 1 tablet by mouth once a day
Zyloprim - Allopurinol 100 mg Oral Tab,Take 1 tablet by mouth once a day
Pravachol - Pravastatin Sodium 20 mg Oral Tab,Take 1 tablet by mouth in the evening to prevent heart attack and stroke
Flomax - Tamsulosin Hydrochloride 0.4 mg Oral Cap,Take 1 capsule by mouth twice a day
Vesicare - Solifenacin Succinate 5 mg Oral Tab,Take 1 tablet by mouth once a day
Erythromycin - Erythromycin 5 mg/gram (0.5 %) ,Apply 0.5 Inches both eyes at bedtime Apply 0.5 Inches in affected eye(s) daily at bedtime May temporarily blur vision
Restasis - Cyclosporine 0.05 % Opht Dropperette,Instill 1 Drop in affected eye both eyes twice a day
Narcan - Naloxone Hydrochloride 4 mg/actuation Nasl Spray,Spray in 1 nostril topical as necessary Spray in 1 nostril if not breathing/responding. Call 911. If still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only
Aspirin - Aspirin 81 mg Oral TBEC DR Tab,TAKE 1 TABLET by mouth once a day

14. DME and Supplies:

walker, diabetic supplies, bath bench, cane

15. Safety Measures:

walker precautions, standard precautions, medication safety, fall precautions, infectious material management, diabetic precautions, bathroom safety, avoid temperature extremes, anticoagulant precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

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

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Alyssa Mathew
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: FAX: NPI: 1144640269

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 : 11/09/2025

27. Attending Physician's Signature and Date Signed **12/02/2025**: 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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another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

Homebound status: Due to diagnosis of Hemiplegia following cerebral infarction affecting left non-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 77-year-old male with a history of CVA resulting in mild residual left-sided weakness, as well as thyroid disease, hypertension, hyperlipidemia, BPH, and diabetes. He recently experienced stroke-like symptoms, including bilateral lower extremity heaviness, prompting a 911 call; diagnostic workup was unremarkable. Over the past four days, he has reported right lower extremity weakness and right knee pain, with difficulty distinguishing pain-related mobility limitations from true muscular weakness. His daughter and wife report worsening symptoms over the last 48 hours. The patient is alert and oriented 4, denies headache, fever, visual disturbances, chest pain, abdominal pain, shortness of breath, palpitations, and dizziness. Lung sounds are clear, pedal pulses are present, skin is intact, urinary output is increased but without complications, and bowel movement occurred this morning with normoactive bowel sounds. He was educated on medication actions and side effects, disease processes, and signs of DVT, stroke, and fluid overload, and was receptive to teaching. The patient lives in a three-story home with his spouse, requiring stair negotiation to access the bedroom and basement where he previously performed his laundry. Prior to this episode, he was independent with self-care, transfers, and functional mobility, typically ambulating with a cane and occasionally using a walker. Currently, he demonstrates decreased standing balance, activity tolerance, bilateral upper extremity strength, and standing tolerance, contributing to reduced safety and independence with ADLs, transfers, and mobility. Skilled OT services are recommended to address these deficits and support his return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/19/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/09/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Hemiplegia following cerebral infarction affecting left non-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<o:p></o:p>
 1 - SOC - SN Notes:
 OT Eval Notes:<o:p></o:p> Physician: Mathew, Alyssa

SN Careplans

SN WK1: 1 (11/19/25-11/22/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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; 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: M2020 - Oral Med Management, M1400 - Dyspnea, abn

SN Goals

PATIENT-STATED GOAL: I want to walk without falling

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/19/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1028 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, increased urine output, frequent urination, limited strength, limited endurance, limited range of motion, lethargy, B1000 - Vision Deficit, balance deficit, headache, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, glucose testing via monitor, monitor intake & output, 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, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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

PT Careplans

Authorization changes of PT skill Total Visits: 5 and Visit Freq: 5

12/02/2025 Problems : GG0170I1 - Walk 10 Feet
M1400 Dyspnea
GG0130A1 - Eating
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0130B1 - Oral Hygiene
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

12/02/2025 patient_goal: To get stronger and walk better, Target Date: 01/17/2026,

12/02/2025 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: , Home exercises , Notes: Long arc , Marching , side kicks and mini squats , heel raises 10x2 reps ,

12/02/2025 teach: lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 01/17/2026,

12/02/2025 goal: 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, Target Date: 01/17/2026, Sit to Stand - 06. Independent, Target Date: 01/17/2026, Chair to Bed to Chair - 06. Independent, Target Date: 01/17/2026, Toilet Transfer - 06. Independent, Target Date: 01/17/2026, Car Transfer - 06. Independent, Target Date: 01/17/2026, Walk 10 Feet - 05. Setup or clean-up assistance, Target Date: 01/17/2026, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Target Date: 01/17/2026, Walk 150 Feet - 05. Setup or clean-up assistance, Target Date: 01/17/2026, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Target Date: 01/17/2026, 1 - Step (curb) - 05. Setup or clean-up assistance, Target Date: 01/17/2026, 4 Steps - 05. Setup or clean-up assistance, Target Date: 01/17/2026, 12 Steps - 05. Setup or clean-up assistance, Target Date: 01/17/2026, Picking Up Object - 05. Setup or clean-up assistance, Target Date: 01/17/2026,

12/02/2025 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 01/17/2026,

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/19/2025

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OT Careplans

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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: Medication Review : Medication reviewed with caregiver and patient , equipment training, work simplification/energy conservation, assist with bathing, assist with transferring, assist with grooming, assist with lower body dressing, assist with upper body dressing, 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

OT Goals

PATIENT-STATED GOAL: 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
11/19/2025