

Home Health Certification and Plan of Care				Order ID: 1150/15050	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7QT6PE3UF47		12/19/2025		From: 12/19/2025 To: 02/16/2026	
4. Medical Record No.				5. Provider No.	
20456				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Andres Villanueva 8721 Old Harford Rd, Parkville, MD 21234- 443-690-6214				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB 10/17/1942 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD 169.354		Principal Diagnosis Hemiplga following cerebral infrc affecting left nondom side		Date 12/19/25	
13. ICD E11.9		Other Pertinent Diagnoses Type 2 diabetes mellitus without complications		Date 12/19/25	
I48.91		Unspecified atrial fibrillation		12/19/25	
I10.		Essential (primary) hypertension		12/19/25	
E78.5		Hyperlipidemia unspecified		12/19/25	
R13.10		Dysphagia unspecified		12/19/25	
N13.9		Obstructive and reflux uropathy unspecified		12/19/25	
R33.9		Retention of urine unspecified		12/19/25	
Z46.6		Encounter for fitting and adjustment of urinary device		12/19/25	
Z79.4		Long term (current) use of insulin		12/19/25	
Z79.01		Long term (current) use of anticoagulants		12/19/25	
Z79.82		Long term (current) use of aspirin		12/19/25	
Z91.81		History of falling		12/19/25	
14. DME and Supplies: walker, commode				15. Safety Measures: standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions	
16. Nutrition: low sodium, diabetic, low cholesterol				17. Allergies: no known allergies	
18.A. Functional Limitations Ambulation				18.B. Activities Permitted None of the above	
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
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 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:		<p class="MsoNoSpacing">The patient is an 83-year-old male with a past medical history significant for hypertension, type 2 diabetes mellitus, and atrial fibrillation who experienced a fall at home followed by left-sided weakness and was subsequently diagnosed with a cerebral infarction. After hospitalization and a stay at a rehabilitation facility, he has returned home, where he resides with his wife in the basement of their daughter's home. The patient is alert and oriented 3 and in no acute distress. His skin is warm, dry, and intact; lung sounds are clear to auscultation; and speech is clear, though repetition is sometimes required due to a language barrier. He denies pain and shortness of breath but reports occasional fatigue. Functionally, the patient now requires assistance with all activities of daily living and ambulates with a walker with hands-on assistance for safety. He demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance compared to his prior level of function, at which time he was independent with self-care, transfers, and ambulation. Education was provided regarding the BEFAST stroke warning signs, as well as blood pressure and blood glucose monitoring. The patient would benefit from continued skilled physical and occupational therapy services to address functional deficits and support a return toward prior independence.</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">12/19/2025<o:p></o:p></p><p class="MsoNoSpacing">Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 12/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's 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></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes:<o:p></o:p></p><p class="MsoNoSpacing">OT Eval Notes:<o:p></o:p></p><p class="MsoNoSpacing">Physician: Suter, Michael</p>			
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/19/2025				25. Date HHA Received Signed POT	
24. Physician's Name and Address Michael Suter 8901 Harford Rd Baltimore, MD 21234 PHONE: 4106654403 FAX: 14106615087 NPI: 1043283674				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 : 12/08/2025	
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. PAGE 1 of 3	

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SN WK1: 1 (12/19/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) 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; 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, daytime fatigue, balance deficit, weak hand grips PROCEDURES: Medication Review: Medication reviewed by patient/caregiver., cough/deep breathing exercises 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, * 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, * 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-STATED GOAL: To ambulate safely with an assistive device 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 take the patient's blood pressure * record the reading * 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 * 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 * recalls related medication(s) purpose, schedule		
PT Careplans PT WK1: 1 (12/19/25-12/20/25) PROCEDURES:gait training on uneven surfaces, gait training/stair training, transfers training		PT Goals GOALS Sit to Stand - 06. Independent Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 12/19/2025		

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		1 - Step (curb) - 04. Supervision or touching assistance		
		4 Steps - 04. Supervision or touching assistance		
		12 Steps - 04. Supervision or touching assistance		
		Picking Up Object - 04. Supervision or touching assistance		
OT Careplans OT WK2: 1 (12/21/25-12/27/25) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26) ,WK8: 1 (02/01/26-02/07/26) ,WK9: 1 (02/08/26-02/14/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: equipment training, work simplification/energy conservation, therapeutic exercises, Medication Review : Medication reviewed with patient and caregiver. All A.M medications taken prior to assessment. , assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with lower body dressing, assist with upper body dressing 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent		OT Goals PATIENT-STATED GOAL: Move my left side 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 - 05. Setup or clean-up assistance Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/19/2025