Home Health Certification and Plan of Care

Order ID: 1150/15083

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37159256	12/21/2025	From: 12/21/2025 To: 02/18/2026	9842	217058

6. Patient's Name and Address

Linda Peals
7 North Monroe St,
BALTIMORE, MD 21223-
410-375-9475

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 01/21/1948 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	12/21/25

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	12/21/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/21/25
N18.30	Chronic kidney disease stage 3 unspecified	12/21/25
E78.00	Pure hypercholesterolemia unspecified	12/21/25
E89.0	Postprocedural hypothyroidism	12/21/25
H54.3	Unqualified visual loss both eyes	12/21/25
M62.59	Muscle wasting and atrophy NEC multiple sites	12/21/25
M10.9	Gout unspecified	12/21/25
M15.9	Polyosteoarthritis unspecified	12/21/25
Z79.01	Long term (current) use of anticoagulants	12/21/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/21/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/21/25
Z91.81	History of falling	12/21/25

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

Amlodipine - Amlodipine Besylate 10mg, take 1 tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 80mg, take 1 tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125mcg (5000 ut) take 1 tablet (5,000 units) by mouth once a day
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75mg, take 1 tablet by mouth once a day for right leg stent
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mcg, take 1 tablet (500mcg) by mouth once a day
Xigduo Xr - Dapagliflozin Propanediol: Metformin Hydrochloride 5-1000mg, take 1 tablet by mouth in the morning
Hydralazine - Hydralazine Hydrochloride 10mg, take 1 tablet by mouth three times a day with food
Levothyroxine Sodium - Levothyroxine Sodium 75mcg, take 1 tablet (75mcg) by mouth in the morning on an empty stomach
Asa - Aspirin 81mg by mouth once a day for heart therapy
Valsartan - Valsartan 160 mg 160mg by mouth once a day For heart
Aleve - Naproxen Sodium eq 200 mg base 200mg by mouth as necessary for pain
A&D ointment/Desitin - topical as necessary Apply ointment mixture to groin area daily and as needed with hygiene
Metformin - Metformin Hydrochloride 1000 mg by mouth in the morning
Acetaminophen - Acetaminophen 325 mg 3 tab by mouth every 6 hours Prn for mild pain
Cephalexin - Cephalexin eq 500 mg base 1 tab by mouth every 6 hours 7 days
Ibuprofen - Ibuprofen 600 mg 1 tab by mouth every 6 hours Prn for pain

14. DME and Supplies:

commode, wheelchair

15. Safety Measures:

wheelchair precautions, standard precautions, medication safety, fall precautions, cardiac precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Legally Blind, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair, 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: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hemiplegia following cerebral infarction affecting right 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 resides on the first floor of a multi-level home with her daughter, who assists with ADLs, IADLs, meal preparation, shopping, errands, and medication administration. The patient is status post recent hospitalization and rehabilitation following complications related to hypertension and a fall. Her medical history is significant for CVA, diabetes mellitus, chronic kidney disease, hypercholesterolemia, blindness, muscle atrophy and weakness, and polyarthritis. She is incontinent with intact skin and reports generalized pain and constipation. The patient ambulates approximately 20 feet indoors using a walker with contact guard assistance and verbal cues for gait pattern, performs sit-to-stand transfers from bed or recliner with supervision, and requires supervision and encouragement for bed mobility. Stair and outdoor mobility were not assessed. The patient is homebound due to the significant effort required to leave the home, as evidenced by a Tinetti score of 10/28. She currently uses a bedside commode and remains on the first floor. The daughter works during the day, and a paid caregiver assists with ADLs and mobility. The patient would benefit from skilled home health services, including PT and OT, to address strength, range of motion, functional mobility, ADL performance, safety, and caregiver education.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/21/2025<o:p></o:p> Physician Face-to-Face Date: 12/12/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hemiplegia following cerebral infarction affecting right 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: <o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Cooper, Robert

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Cooper
6503 Park Heights Ave
Baltimore, MD 21215
PHONE: 4103582397 FAX: 14103582399 NPI: 1235159898

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 : 12/12/2025

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.

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SN WK1: 7 (12/21/25-12/27/25)

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: 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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, weak hand grips, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor, bladder training, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, 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, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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-STATED GOAL: I don't want to fall again

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/21/2025

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* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 7 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Bed mobility training , Family training with caregiver , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 relaxatio, Toilet Transfer - 05. Setup or clean-up assistance, 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, 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, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to get up the steps for a shower

GOALS
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 relaxatio

Toilet Transfer - 05. Setup or clean-up assistance

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

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

Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 7 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 01. Dependent, GG0130H1 - Don/Doff Footwear - 01. Dependent, GG0130E1 - Shower/Bathe Self - 01. Dependent, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance

PROCEDURES: therapeutic exercises, equipment training, work simplification/energy conservation, standing tolerance exercises, transfers training

TEACH PATIENT/CAREGIVER: Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: To get stronger

GOALS
Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/21/2025