

Home Health Certification and Plan of Care				Order ID: 1150/15158	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
97163731		12/18/2025		From: 12/18/2025 To: 02/15/2026	
				4. Medical Record No.	
				20541	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Marie Collister				HomeCentris Healthcare LLC	
2700 Moorgate Road,				10 Crossroads Drive, Suite 102	
DUNDALK, MD 21222-				Owings Mills, MD 21117-8284	
443-986-4981				410-321-8448	
				1487113239	
8. DOB				9. Sex	
10/23/1989				Female	
11. ICD		Principal Diagnosis		Date	
I69.151		Hemiplga fol ntrm interbl hemor aff right dominant side		12/18/25	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		12/18/25	
K76.0		Fatty (change of) liver not elsewhere classified		12/18/25	
M21.371		Foot drop right foot		12/18/25	
G47.01		Insomnia due to medical condition		12/18/25	
F10.90		Alcohol use unspecified uncomplicated		12/18/25	
R00.0		Tachycardia unspecified		12/18/25	
Z90.49		Acquired absence of other specified parts of digestive tract		12/18/25	
Z87.442		Personal history of urinary calculi		12/18/25	
14. DME and Supplies:				15. Safety Measures:	
walker, bath bench				walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device	
16. Nutrition:				17. Allergies:	
low sodium				amlodipine prochlorperazine	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				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:				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 Hemiplegia following nontraumatic intracerebral hemorrhage 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: <p class="MsoNoSpacing">The patient is a 36-year-old female with a past medical history significant for cerebrovascular accident (CVA), hypertension, and right foot drop. She is alert and oriented 4. The patient reported consuming three shots of vodka at home and subsequently experiencing weakness in her right extremities upon attempting to stand. She presents with right-sided hemiplegia, a mild hemiplegic gait, and right foot drop. Lung sounds are clear to auscultation, bowel sounds are active, and skin is warm and intact. She ambulates slowly without an assistive device inside the home while holding onto furniture and uses a walker when ambulating outdoors. Blood pressure was noted to be elevated, limiting return demonstration during the session. The patient demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in reduced independence with self-care, functional transfers, and functional ambulation compared to her prior level of function, where she was independent with basic ADLs, IADLs, and mobility. A home exercise program was initiated, including ankle pumps, straight leg raises using PNF techniques, bridges, long arc quads with green resistance band, mini squats, single-leg stance, and heel raises (10 repetitions 2 sets), as well as instruction in compensatory high-steppage gait for foot clearance. The patient was emotionally distressed during the assessment due to difficulty accepting her diagnosis at a young age and expressed anxiety regarding blood pressure monitoring; emotional support and education on daily blood pressure checks, logging, BEFAST stroke recognition, low-sodium diet, stress management, and maintaining activity were provided. She currently lives with her family. Skilled occupational therapy services are recommended to address identified deficits and facilitate return to prior level of function.</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">12/18/2025<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 12/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Hemiplegia following nontraumatic intracerebral hemorrhage 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></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: Xuan, Xiaqing</p>					
SN Careplans				SN Goals	
SN WK1: 1 (12/18/25-12/20/25) ,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)				PATIENT-STATED GOAL: to walk without assistive devices	
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: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications				* how to optimize mental status with cognition therapy	
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				* 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	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/18/2025					
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.	
Xiaqing Xuan				F2F date : 12/12/2025	
1800 Orleans St					
Baltimore, MD 21287					
PHONE: 4109555000 FAX: 14109555001 NPI: 1124440599					
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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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, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, limited strength, balance deficit PROCEDURES: Medication Review: Medication reviewed with the 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, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule			patient/caregiver recalls * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * 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		
PT Careplans PT 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) ,WK6: 1 (01/18/26-01/24/26) 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: Medication Review: The medication was reviewed with the patient , Home exercises: SLR, LONG ARC, MINI SQUATS , MARCHING AND HEEL RAISES --10X2 REPS, gait training on uneven surfaces, gait training/stair training, transfers training 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			PT Goals PATIENT-STATED GOAL: To walk straight with out foot drop GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent		
OT Careplans OT WK2: 1 (12/21/25-12/27/25) ,WK4: 1 (01/04/26-01/10/26) 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: work simplification/energy conservation, therapeutic exercises, Medication Review : Medication reviewed with patient and morning medication taken prior to tx., transfers training, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			OT Goals PATIENT-STATED GOAL: Walk better 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 Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/18/2025