Home Health Certification and Plan of Care

Order ID: 1150/15263

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8N32AF8VD14	01/06/2026	From: 01/06/2026 To: 03/06/2026	21028	217058

6. Patient's Name and Address
Wayne Pifer
20 Acorn Circle Apt 101,
Towson, MD 21286-
443-386-1070

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 03/08/1959 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.353	Hemiplga following cerebral infrc aff right nondom side	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
I69.320	Aphasia following cerebral infarction	01/06/26
E78.5	Hyperlipidemia unspecified	01/06/26
I73.9	Peripheral vascular disease unspecified	01/06/26
G62.9	Polyneuropathy unspecified	01/06/26
J20.9	Acute bronchitis unspecified	01/06/26
I95.1	Orthostatic hypotension	01/06/26
K59.00	Constipation unspecified	01/06/26
E55.9	Vitamin D deficiency unspecified	01/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/06/26
F41.9	Anxiety disorder unspecified	01/06/26
F32.A	Depression unspecified	01/06/26
F11.20	Opioid dependence uncomplicated	01/06/26
Z79.01	Long term (current) use of anticoagulants	01/06/26
Z79.82	Long term (current) use of aspirin	01/06/26
Z87.891	Personal history of nicotine dependence	01/06/26
Z86.718	Personal history of other venous thrombosis and embolism	01/06/26
Z86.711	Personal history of pulmonary embolism	01/06/26

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

Atorvastatin - Atorvastatin Calcium 40 mg tablet by mouth as necessary 40 mg tablet,
Ergocalciferol - Ergocalciferol 1250 mcg (50000 unit) capsule by mouth as necessary 1250 mcg (50000 unit) capsule
Tylenol - Acetaminophen 500 mg tablet by mouth as necessary 500 mg tablet
Senna - Senna 8.6 mg tablet by mouth once a day 8.6 mg tablet,
Aspirin - Aspirin 81 mg chewable tablet, by mouth as necessary 81 mg chewable tablet
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg tablet,take 1 tablet by mouth once a day
Elliquis 5 mg tablet by mouth as necessary 5 mg tablet
cofdinir 300 mg capsule, Take 1 capsule by mouth every 12 hours for 12 hours for 7 days
Guaifenesin - Guaifenesin 100 mg/5 ml oral liquid, by mouth as necessary 100 mg/5 ml. oral liquid
apixaban 5 mg tablet,take 1 tablet by mouth twice a day
Omeprazole - Omeprazole 20 mg capsule,take 1 cap by mouth once a day
Baclofen - Baclofen 20mg tablet, take 1 tablet by mouth as necessary Take 1 tab by month daily as needed for muscle spasms
Senna - Senna 8.6mg -50mg tablet,take 1 tab by mouth twice a day per day prn constipation
Fluoxetine - Fluoxetine Hydrochloride 40mg capsule,take 1 capsule by mouth once a day Take 1 caps by mouth daily
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1250 mcg capsule, take 1 capsule by mouth Monthly Take 1 capsule by mouth every month

14. DME and Supplies:
sock aid, cane

15. Safety Measures:
fall precautions, ambulates with device, supervision at all times, standard precautions, , ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hemiplegia following cerebral infarction affecting right 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 66-year-old male with a significant past medical history of cerebrovascular accident resulting in right-sided hemiparesis and expressive aphasia, seizures, orthostatic hypotension, right femur fracture, polyneuropathy, depression, and gait abnormality. He was referred for skilled home health physical therapy evaluation due to a decline in functional mobility, generalized weakness, and gait instability. On evaluation, the patient presents with bilateral lower extremity weakness (LLE gross MMT 4-/5, RLE 2+/5), impaired weight-bearing tolerance on the right lower extremity, and a significant leg length discrepancy with the right lower extremity approximately 2 inches shorter. Gait is notably altered, with decreased right stance time, vaulting, and an unsteady pattern. Balance is impaired, with poor postural reactions observed and inability to safely complete standardized balance testing. Functionally, the patient requires minimal to moderate assistance for bed mobility, minimal assistance for sit-to-stand transfers, and ambulates up to 25 feet with a front-wheeled walker and minimal assistance, otherwise relying on a wheelchair for household mobility. The patient is considered homebound due to significant gait instability, right hemiparesis, orthostatic hypotension, and the need for assistance and assistive devices for all mobility, with leaving the home requiring considerable and taxing effort and caregiver support. Skilled home health physical therapy is medically necessary to address strength deficits, gait dysfunction, balance impairments, and transfer safety, reduce fall risk, improve functional ambulation, and prevent further decline and potential rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/06/2026<o:p></o:p> Physician Face-to-Face Date: 12/30/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat DX: Hemiplegia following cerebral infarction affecting right 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 - PT Notes:<o:p></o:p> Physician: Rollins Mrs., Lawanda

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lawanda Rollins Mrs.
8831 Satyr Hill Rd Ste 100
Parkville, MD 21234
PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165

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 : 12/30/2025

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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PT Careplans

PT WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 2 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26) ,WK7: 1 (02/15/26-02/21/26) ,WK8: 1 (02/22/26-02/28/26) ,WK9: 1 (03/01/26-03/06/26)

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

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: GG0130B1 - Oral Hygiene, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, GG0170I1 - Walk 10 Feet, GG0170E1 - Chair to Bed to Chair, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170G1 - Car Transfer, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, impaired speech, balance deficit

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , cough/deep breathing exercises, home exercise program: Home exercise program reviewed and progressed, including Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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 medicatio, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * exercises to recover speech function, 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 recalls, * 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: walk more indoor with cane with less Assistance from caregiver

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

patient/caregiver recalls
* exercises to recover speech function
* 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 medicatio

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
01/06/2026

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Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Don/Doff Footwear - 05. Setup or clean-up 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	01/06/2026