Home Health Certification and Plan of Care

Order ID: 1150/15419

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9FG5ED5YT88	01/12/2026	From: 01/12/2026 To: 03/12/2026	21242	217058

6. Patient's Name and Address
Cheryl Coopwood
3810 Elmcroft Rd,
Randallstown, MD 21133-
443-666-1207

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 04/07/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N76.0	Acute vaginitis	01/12/26

13. ICD	Other Pertinent Diagnoses	Date
G81.91	Hemiplegia unspecified affecting right dominant side	01/12/26
N39.0	Urinary tract infection site not specified	01/12/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/12/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/12/26
N18.31	Chronic kidney disease stage 3a	01/12/26
L30.9	Dermatitis unspecified	01/12/26
N89.8	Other specified noninflammatory disorders of vagina	01/12/26
E78.5	Hyperlipidemia unspecified	01/12/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/12/26
Z79.82	Long term (current) use of aspirin	01/12/26
Z90.13	Acquired absence of bilateral breasts and nipples	01/12/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/12/26
Z85.3	Personal history of malignant neoplasm of breast	01/12/26
Z87.891	Personal history of nicotine dependence	01/12/26

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

Beano - Senna 8.6mg tablet by mouth once a day Constipation
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg tablet by mouth every 6 hours As needed for 5-10/10 pain
Flagyl - Metronidazole 500mg tablet by mouth every 12 hours For acute vaginitis
Nystatin-Triamcinolone Acetonide - Nystatin: Triamcinolone Acetonide 100,000unit/g-0.1 % topical cream topical twice a day For vaginal rash

14. DME and Supplies:
wheelchair, bath bench

15. Safety Measures:
remove environmental barriers, , , , emergency phone number prominently displayed, , electrical safety measures, diabetic precautions, , bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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: 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
another facility/provider will be responsible for managing treatment

Homebound status: Due to diagnosis of Acute Vaginitis, 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:

Start of care was completed for a 68-year-old female referred to home health services from her primary care provider following a recent fall with subsequent rehabilitation stay and transition to a new assisted living facility (ALF). The patient has a significant past medical history including cerebrovascular accident (CVA) with right hemiplegia and dysarthria, expressive dysphasia and aphasia, hypertension, hyperlipidemia, chronic kidney disease, and breast cancer status post bilateral mastectomy. Prior to her recent hospitalization, the patient reported ambulating with a rolling walker; however, following the fall and rehab stay, she now primarily mobilizes via wheelchair with assistance. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrates significant functional limitations, requiring maximal to moderate assistance with bathing and dressing, assistance with toileting using a diaper/pull-up, and maximal assistance for sit-to-stand, bed-to-wheelchair, and transfer activities upon arrival to the ALF. Physical therapy evaluation revealed decreased bilateral lower extremity strength with manual muscle testing of approximately 2-/5 in the right lower extremity and 3/5 in the left lower extremity, as well as left upper extremity weakness graded at 4/5. The patient presents with hypertonic tone of the right shoulder and elbow and limited range of motion of the right shoulder secondary to CVA, with pain and joint tightness on the right side significantly limiting participation in mobility tasks. Physical therapy provided instruction to the patient and caregiver on safe stand-pivot transfer techniques, resulting in improved performance to minimal to moderate assistance. The patient was educated on the importance of daily exercise to prevent further decline, and a seated therapeutic exercise program for bilateral lower extremities was initiated; however, participation is limited by minimal active motion in the right lower extremity aside from hip flexion. The patient would benefit from continued skilled physical therapy services to address strength deficits, impaired balance, pain management, and functional mobility limitations in order to improve safety, increase independence with transfers and mobility, and work toward returning to her prior level of function within the ALF setting.
 Date of Order 01/12/2026 Orders Physician Face-to-Face Date: 01/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Acute Vaginitis Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: SOC OT Eval Notes:
 Physician Hickson, Nicole

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicole Hickson
1120 N Charles St Ste 400
Baltimore, MD 21201
PHONE: 4437393889 FAX: 18339750904 NPI: 1073157459

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 : 01/05/2026

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 (01/12/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170I1 - Walk 10 Feet, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, genital irritation, M1610 - Urinary Incontinence, poor muscle tone, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, gait training/stair training, teach/coordinate/arrange medication packaging and/or administration

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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk again

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Walk 10 Feet - 02. Substantial/maximal assistance

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

OT Careplans

OT WK1: 1 (01/12/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0130B1 - Oral Hygiene, 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, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0130A1 - Eating

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medications review , cough/deep breathing exercises, transfers training, Therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: Patient wants to get stronger and 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 medicatio

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

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

Wheel 50 ft w 2 Turns - 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

01/12/2026

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home remedies to keep lungs healthy, related medicatio, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Eating - 06. Independent	Upper Body Dressing - 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	01/12/2026