Home Health Certification and Plan of Care

Order ID: 1150/15416

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6CR1WU2WW20	01/11/2026	From: 01/11/2026 To: 03/11/2026	20979	217058

6. Patient's Name and Address
Bernard Jones
4901 Gunther Ave,
Baltimore, MD 21206-
443-699-8259

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 06/25/1957 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
R13.10	Dysphagia unspecified	01/11/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	01/11/26
I50.32	Chronic diastolic (congestive) heart failure	01/11/26
I48.0	Paroxysmal atrial fibrillation	01/11/26
I25.2	Old myocardial infarction	01/11/26
E55.9	Vitamin D deficiency unspecified	01/11/26
R47.81	Slurred speech	01/11/26
Z79.01	Long term (current) use of anticoagulants	01/11/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/11/26

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

Atorvastatin - Atorvastatin Calcium take 80mg oral tablet by mouth at bedtime for HLD
Eliquis - Apixaban 5 mg oral tablet by mouth every 12 hours for embolic stroke
ergocalciferol take 1 capsule (50,00 units total) by mouth once a week Give 1 capsule by mouth one time a day every Monday for supplement
Folic Acid - Folic Acid 1 mg 1 tablet by mouth once a day
Metoprolol Succinate - Metoprolol Succinate 50 mg / 1 Tablet by mouth once a day for HTN hold for SBP<110or HR<50

14. DME and Supplies:
wheelchair, walker, cane

15. Safety Measures:
wheelchair precautions, walker precautions, , remove environmental barriers, , , emergency phone # clearly displayed, cardiac precautions, , bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
cardiac diet

17. Allergies:
tb test

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

18.B. Activities Permitted
Walker, Wheelchair, 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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 Dysphagia Unspecified, 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 alert and oriented and resides alone in a single-level apartment. The patient's son was present during the visit and provides daily assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), including meal preparation, medication administration, shopping, and errands. The patient ambulates within the apartment using a walker or wheelchair as needed. Skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals intact skin with no noted breakdown. The patient was referred to home health care services following a recent hospitalization and rehabilitation stay related to a cerebrovascular accident (CVA). Physical therapy and occupational therapy evaluations have been ordered as part of the home health referral. The patient's son has expressed interest in initiating home health aide (HHA) services to further support care needs. Skilled nursing services are recommended at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> per week for two weeks, followed by one visit per week for four weeks. The next skilled nursing visit is scheduled for Wednesday.
 Date of Order 01/11/2026 Orders Physician Face-to-Face Date: 12/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Dysphagia Unspecified 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 - SN Notes: soc PT Eval Notes:
 Physician Rollins Mrs., Lawanda

SN Careplans

SN WK1: 1 (01/11/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications

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

SN Goals

PATIENT-STATED GOAL: I want to get stronger

GOALS
patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/11/2026

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 : 12/16/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/15416

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6CR1WU2WW20	01/11/2026	From: 01/11/2026 To: 03/11/2026	20979	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Bernard Jones 4901 Gunther Ave, Baltimore, MD 21206- 443-699-8259	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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: M1745 - Behavioral Issues, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, difficulty sleeping, impaired speech

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, bladder training, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient's living environment is clean/uncluttered

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/11/2026