Home Health Certification and Plan of Care

Order ID: 1150/15400

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97163731	12/18/2025	From: 12/18/2025 To: 02/15/2026	20541	217058

6. Patient's Name and Address
Marie Collister
2700 Moorgate Road,
DUNDALK, MD 21222-
443-986-4981

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 10/23/1989 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.151	Hemiplga fol ntrm intcrbl 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

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

Tylenol - Acetaminophen 650mg tablet by mouth every 8 hours As needed for pain
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day Supplement
Coreg - Carvedilol 12.5mg tablet,take 1 tablet by mouth twice a day HTN
Prinivil - Lisinopril 40mg tablet,take 1 tablet by mouth once a day HTN
Magnesium Glycinate 250mg by mouth at bedtime Over the counter supplement. Take 3 capsule, PO, Q Bedtime, daily for sleeping.

14. DME and Supplies:
walker, bath bench

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device

16. Nutrition:
low sodium

17. Allergies:
amlodipine prochlorperazine

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment
patient will be responsible for managing treatment
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: 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> <o:p> </o:p> Date of Order<o:p></o:p> 12/18/2025<o:p></o:p> 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>
1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Mathur, Rita

SN Careplans

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)

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

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: to walk without assistive devices

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rita Mathur
4920 Campbell Blvd
White Marsh, MD 21236
PHONE: 410-933-7793 FAX: 14109337666 NPI: 1619076338

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 **01/16/2026**: 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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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: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 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

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

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) ,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

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

Date
12/18/2025