Home Health Certification and Plan of Care

Order ID: 1150/16213

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
82283670	02/10/2026	From: 02/10/2026 To: 04/10/2026	20536	217058

6. Patient's Name and Address

Irvin Christian
3705 Fairhaven Ave Apt 3,
CURTIS BAY, MD 21226-
410-215-8796

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 11/03/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	02/10/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	02/10/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	02/10/26
D50.9	Iron deficiency anemia unspecified	02/10/26
E78.5	Hyperlipidemia unspecified	02/10/26
F32.A	Depression unspecified	02/10/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/10/26
Z95.5	Presence of coronary angioplasty implant and graft	02/10/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/10/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/10/26
Z79.82	Long term (current) use of aspirin	02/10/26
Z87.440	Personal history of urinary (tract) infections	02/10/26

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

Lipitor - Atorvastatin Calcium 40 MG, Take 40 mg Tablet by mouth at bedtime Take 40 mg by mouth nightly.
Plavix - Clopidogrel Bisulfate 75 mg tablet, Take 75 mg by mouth once a day Take 75 mg by mouth daily
Glucophage - Metformin Hydrochloride 1000 MG tablet, Take 1,000 mg by mouth twice a day Take 1,000 mg by mouth 2 times daily with meals.
Protonix - Pantoprazole Sodium 40 mg tablet, Take 40 mg by mouth once a day Take 40 mg by mouth daily.
Mirtazapine - Mirtazapine 15 mg 15mg = 1 tab by mouth at bedtime Take one tab nightly at bedtime for depression

14. DME and Supplies:

rolling walker

15. Safety Measures:

walker precautions, medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, transfer with assist, supervision at all times, ambulates with assistance, standard precautions, hand rails, cardiac precautions, bathroom safety, anticoagulant precautions, activity supervision

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: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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:

Irvin Christian is an 82-year-old male with a significant past medical history of hypertension, type 2 diabetes mellitus, peptic ulcer disease, and recurrent cerebrovascular accidents. He initially sustained a left middle cerebral artery (MCA) infarct on 11/15/2025, presenting with right facial droop, slurred speech, headache, and hiccups, and received tenecteplase (TNK) with reported improvement. He was subsequently admitted to MedStar from 11/18/2025 to 11/20/2025 following a motor vehicle collision, at which time aphasia and right facial droop were noted. Computed tomography angiography (CTA) of the head and neck revealed a left MCA infarct, proximal right internal carotid artery (ICA) occlusion, and occlusion of the left vertebral artery segments V1 and V2. On 11/27/2025, he again presented as a brain attack team (BAT) activation for acute right facial droop and slurred speech and received TNK. Due to high-grade left MCA stenosis with recurrent cerebrovascular events, he underwent left MCA stent placement on 12/10/2025. More recently, he presented to an outside hospital emergency department with generalized weakness and was found to have a urinary tract infection, dehydration, acute kidney injury, and elevated lactate. At that time, full strength was documented. He was treated with intravenous fluids and antibiotics and discharged on dual antiplatelet therapy with aspirin and clopidogrel (Plavix). He was subsequently transferred for rehabilitation services. The patient currently resides temporarily with his friend, Rose, who provides continuous supervision, in a one-bedroom apartment shared with her daughter and the daughter's boyfriend. The apartment is located on the third floor and requires negotiating approximately three flights of stairs (18 steps) to enter. The living space is small and cluttered, limiting safe mobility, and there is one cat in the home. The patient expresses a desire to return to his primary residence, though the timeline for this remains unclear. He does not consistently use an assistive device for ambulation within the apartment despite owning a rollator; however, the rollator present in the home belongs to his roommate. He reports using a walker for medical appointments. Nursing documentation notes inconsistencies in fall reporting, as the patient denied falls within the past year but also reported multiple prior falls. He demonstrates unsteady gait, poor safety awareness, and requires reminders to use an assistive device. He requires supervision for basic activities of daily living (BADLs), assistance with ambulation using an assistive device, and has difficulty negotiating stairs. He is dependent in instrumental activities of daily living (IADLs). A shower chair is recommended to improve safety during bathing. Medication reconciliation revealed that the patient did not have all prescribed medications available in the home at the time of assessment. The registered nurse assisted the patient in contacting Kaiser pharmacy, which confirmed that prescribed medications will be mailed to the home. The patient and caregiver were educated regarding the need to purchase three prescribed over-the-counter medications. Education was also provided regarding medication adherence, fall prevention strategies, consistent use of assistive devices, and home safety modifications to reduce fall risk. On assessment, the patient presents with decreased bilateral lower extremity strength, impaired balance, decreased functional mobility, difficulty with transfers, impaired stair negotiation, unsteady gait, history of falls, and increased fall risk. He demonstrates decreased safety awareness and requires supervision for safe mobility. Given his recent cerebrovascular events, functional decline, and environmental barriers, he meets homebound criteria, as leaving the home requires human assistance and the use of an assistive device, and such effort poses a significant safety risk. The patient will benefit from skilled home physical therapy services to address deficits in strength, balance, gait training, transfer training, stair negotiation, and overall safety awareness with the goal of restoring his prior level of function and maximizing independence within the home environment. The plan of care includes home physical therapy beginning 02/17/2026 at a frequency of two visits per week for three weeks, followed by one visit per week for four weeks (2w3, 1w4). The patient is in agreement with the plan of care. Without skilled

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Leopoldine Modjo Kenmogne
3001 Hospital Dr
Cheverly, MD 20785
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1114312444

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 : 02/03/2026

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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intervention, he remains at high risk for falls, further functional decline, and loss of independence.
 Date of Order 02/10/2026 Orders Physician Face-to-Face Date: 02/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Heart Disease With Heart Failure 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: OT Eval Notes:
 Physician Modjo Kenmogne, Leopoldine

SN Careplans

SN WK1: 1 (02/10/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, constipation, M1600 - UTI, limited endurance, muscle weakness, limited strength, balance deficit

PROCEDURES: incentive spirometer, apply anti-embolitic stockings, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange transportation services

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, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * 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, patient's transportation needs are met, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be able to get up and down his stairs to his apartment easier so he can get out to go to the grocery store by himself.

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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 2 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK4: 2 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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

PT Goals

PATIENT-STATED GOAL: I want to be able to get back home and to walk independently

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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 - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/10/2026

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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

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

OT Careplans

OT WK1: 1 (02/10/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26)

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: Therapeutic exercise , Balance training , Medication review , cough/deep breathing exercises, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: return to PLOF

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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 - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/10/2026