Home Health Certification and Plan of Care

Order ID: 1150/16240

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83148948	02/12/2026	From: 02/12/2026 To: 04/12/2026	18872	217058

6. Patient's Name and Address

Helen Willis
7018 PARK HEIGHTS AVE APT D4,
BALTIMORE, MD 21215-
443-468-4660

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 09/18/1963 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.312	Vis def/sptl nglct following cerebral infarction	02/12/26

13. ICD	Other Pertinent Diagnoses	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	02/12/26
M47.26	Other spondylosis with radiculopathy lumbar region	02/12/26
I10.	Essential (primary) hypertension	02/12/26
E78.5	Hyperlipidemia unspecified	02/12/26
M17.0	Bilateral primary osteoarthritis of knee	02/12/26
I70.0	Atherosclerosis of aorta	02/12/26
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis	02/12/26
K14.8	Other diseases of tongue	02/12/26
N28.1	Cyst of kidney acquired	02/12/26
R73.03	Prediabetes	02/12/26
E66.01	Morbid (severe) obesity due to excess calories	02/12/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	02/12/26
F17.210	Nicotine dependence cigarettes uncomplicated	02/12/26
Z79.82	Long term (current) use of aspirin	02/12/26
Z86.0100	Personal history of colonic polyps	02/12/26

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

Norvasc - Amlodipine Besylate eq 10 mg base 1 tab by mouth once a day Pt takes in the am
Aspirin - Aspirin 81mg- 1 tab by mouth once a day every AM
Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-25 MG- 1 tab by mouth once a day in the am
Acetaminophen - Acetaminophen 500 mg, 2 tablets by mouth every 6 hours As needed for pain
Crestor - Rosuvastatin Calcium 10 mg 10mg tablet by mouth in the morning Take 1 tablet by mouth daily to prevent heart attack and stroke
Lidocaine Patch - Lidocaine 5% patch transdermal every 12 hours Place patch on painful areas up to 12 hours in a 24 hour period.
Nabumetone - Nabumetone 750 mg 1 tablet by mouth twice a day Nerve pain
Methocarbamol - Methocarbamol 500 mg 1 tablet by mouth twice a day As needed for muscle pain
Metamucil - Senna 1 cup by mouth once a day Constipation
Magic Mouthwash - Magic Mouthwash Diphen-Lido vis-maalox, nystatin by mouth every 6 hours Swish 5 mL As needed for 6 hours for mouth pain

14. DME and Supplies:

commode, grab bars, rolling walker, cane

15. Safety Measures:

remove environmental barriers, , electrical safety measures, emergency phone number prominently displayed, , bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

cardiac diet

17. Allergies:

atorvastatin lisinopril lovastatin penicillamin pravastatin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

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: good

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

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Visuospatial Deficit And Spatial Neglect Following Cerebral Infarction, 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:

Physical therapy start-of-care assessment was completed for this 62-year-old female with a past medical history significant for morbid obesity, chronic low back and bilateral lower extremity pain, and hyperlipidemia. The patient was referred for home physical therapy services due to worsening low back pain resulting in functional decline. Prior to her recent exacerbation, she was ambulating without an assistive device; however, mobility was limited by persistent pain. At the time of evaluation, the patient presents with generalized lower extremity weakness, with manual muscle testing demonstrating approximately 3-/5 strength bilaterally. She requires minimal assistance for transfers and for short-distance ambulation using a single-point cane. Gait is limited by pain and reduced endurance. The patient reports increased low back pain impacting her ability to perform functional mobility tasks safely and independently. She also exhibits shortness of breath with exertion, including during conversation, which further limits activity tolerance. Given her current impairments in strength, balance, endurance, and functional mobility, the patient demonstrates a decline from her prior level of function and is at increased risk for falls and further deconditioning. Skilled physical therapy services are medically necessary to address lower extremity strengthening, pain management strategies, balance training, gait training with appropriate assistive device use, energy conservation techniques, and functional mobility retraining. Patient education will focus on body mechanics, pacing strategies, safety awareness, and adherence to a home exercise program to improve strength and endurance. The plan of care is aimed at reducing pain, improving cardiopulmonary tolerance to activity, increasing independence with transfers and ambulation, and facilitating a safe return to her prior level of function.
 Date of Order 02/12/2026 Orders Physician Face-to-Face Date: 02/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Visuospatial Deficit And Spatial Neglect Following Cerebral Infarction 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
 Physician Lee, Shirley

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shirley Lee
7141 Security Blvd
Baltimore , MD 21244
PHONE: 4436636000 FAX: 14436636295 NPI: 1730398819

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 : 02/04/2026

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/12/26-02/14/26) ,WK2: 2 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26)

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: 4. Multiple emergency department visits (2 or more) in the past 6 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SpO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170N1 - 4 Steps, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170M1 - 1 - Step (curb), GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, limited endurance, daytime fatigue (NR), balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity

PT Goals

PATIENT-STATED GOAL: To be able to go back to work

GOALS
Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching 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

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

patient self-administers medications as prescribed
* recalls 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

Walk 10 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
02/12/2026

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PROCEDURES: cough/deep breathing exercises, therapeutic exercises, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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 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, patient self-administers medications as prescribed, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/12/2026