# Home Health Certification and Plan of Care

**Order ID: 1150/16252**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 7QT6PE3UF47 | 12/19/2025 | From: 02/17/2026 To: 04/17/2026 | 20456 | 217058 |

**6. Patient's Name and Address**
Andres Villanueva
8721 Old Harford Rd,
Parkville, MD 21234-
443-690-6214

**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** 10/17/1942 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 12/19/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E11.9 | Type 2 diabetes mellitus without complications | 12/19/25 |
| I48.91 | Unspecified atrial fibrillation | 12/19/25 |
| I10. | Essential (primary) hypertension | 12/19/25 |
| E78.5 | Hyperlipidemia unspecified | 12/19/25 |
| R13.10 | Dysphagia unspecified | 12/19/25 |
| N13.9 | Obstructive and reflux uropathy unspecified | 12/19/25 |
| R33.9 | Retention of urine unspecified | 12/19/25 |
| Z46.6 | Encounter for fitting and adjustment of urinary device | 12/19/25 |
| Z79.4 | Long term (current) use of insulin | 12/19/25 |
| Z79.01 | Long term (current) use of anticoagulants | 12/19/25 |
| Z79.82 | Long term (current) use of aspirin | 12/19/25 |
| Z91.81 | History of falling | 12/19/25 |

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

Metoprolol Tartrate - Metoprolol Tartrate 25 MG Oral Tablet by mouth every 12 hours for HTN hold for SBP less than 110 and HR less than 50
Atorvastatin Calcium - Atorvastatin Calcium 80 MG Oral Tablet,Take 1 tablet by mouth at bedtime for HLD
Eliquis - Apixaban 2.5 MG ,Take 1 tablet by mouth every 12 hours for A-FIB
Tamsulosin HCl 0.4 MG Take 2 capsule by mouth at bedtime for benign prostatic hyperplasia
Aspirin - Aspirin 81 Oral Tablet by mouth once a day for CVA Prophylaxis
Acetaminophen - Acetaminophen 500 MG Oral Tablet, Take 1000 mg by mouth every 8 hours as needed for pain
Jardiance - Empagliflozin 25 MG, Take 1 tablet by mouth once a day T2DM

**14. DME and Supplies:**
grab bars, cane, 4 wheeled walker

**15. Safety Measures:**
transfer with assist, ambulates with assistance

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
Transfer bed/Chair, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

**20. Prognosis:** good

**22. A Rehabilitation Potential:**
SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-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 an 83-year-old male with a past medical history significant for hypertension, type 2 diabetes mellitus, and atrial fibrillation who experienced a fall at home followed by left-sided weakness and was subsequently diagnosed with a cerebral infarction. After hospitalization and a stay at a rehabilitation facility, he has returned home, where he resides with his wife in the basement of their daughter's home. The patient is alert and oriented 3 and in no acute distress. His skin is warm, dry, and intact; lung sounds are clear to auscultation; and speech is clear, though repetition is sometimes required due to a language barrier. He denies pain and shortness of breath but reports occasional fatigue. Functionally, the patient now requires assistance with all activities of daily living and ambulates with a walker with hands-on assistance for safety. He demonstrates decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance compared to his prior level of function, at which time he was independent with self-care, transfers, and ambulation. Education was provided regarding the BEFAST stroke warning signs, as well as blood pressure and blood glucose monitoring. The patient would benefit from continued skilled physical and occupational therapy services to address functional deficits and support a return toward prior independence. <br> Date of Order 02/12/2026 Orders Physician Face-to-Face Date: 12/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-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 <br> 4 - Recertification Notes: The patient needs continued skilled intervention to maximize functional recovery, reduce fall risk, and prevent functional decline. <br> Physician Suter, Michael

**SN Careplans**

**SN Goals**

**PT Careplans**

**PT Goals**

**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**
Michael Suter
8901 Harford Rd
Baltimore, MD 21234
PHONE: 4106654403 FAX: 14106615087 NPI: 1043283674

**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 : 12/08/2025

**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.

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PT WK1: 1 (02/17/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26)

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: WFL

HOSPITALIZATION RISKS: 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: M1033 - Exhaustion, muscle weakness, limited endurance, balance deficit, weak hand grips

PROCEDURES: HEP: Home exercise program reviewed and progressed, including Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, Toilet 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 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, Car Transfer - 04. Supervision or touching assistance

PATIENT-STATED GOAL: To be able to maximize my window for recovery

GOALS
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

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

Chair to Bed to Chair - 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

Car Transfer - 04. Supervision or touching assistance

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date



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

Date
02/12/2026