

Home Health Certification and Plan of Care				Order ID: 1150/15419	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9FG5ED5YT88		01/12/2026		From: 01/12/2026 To: 03/12/2026	
				4. Medical Record No.	
				21242	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Cheryl Coopwood				HomeCentris Healthcare LLC	
3810 Elmcroft Rd,				10 Crossroads Drive, Suite 102	
Randallstown, MD 21133-				Owings Mills, MD 21117-8284	
443-666-1207				410-321-8448	
				1487113239	
8. DOB				9. Sex	
04/07/1957				Female	
11. ICD		Principal Diagnosis		Date	
N76.0		Acute vaginitis		01/12/26	
13. ICD		Other Pertinent Diagnoses		Date	
G81.91		Hemiplegia unspecified affecting right dominant side		01/12/26	
N39.0		Urinary tract infection site not specified		01/12/26	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		01/12/26	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		01/12/26	
N18.31		Chronic kidney disease stage 3a		01/12/26	
L30.9		Dermatitis unspecified		01/12/26	
N89.8		Other specified noninflammatory disorders of vagina		01/12/26	
E78.5		Hyperlipidemia unspecified		01/12/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		01/12/26	
Z79.82		Long term (current) use of aspirin		01/12/26	
Z90.13		Acquired absence of bilateral breasts and nipples		01/12/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		01/12/26	
Z85.3		Personal history of malignant neoplasm of breast		01/12/26	
Z87.891		Personal history of nicotine dependence		01/12/26	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, bath bench				remove environmental barriers, , , emergency phone number prominently displayed, , electrical safety measures, diabetic precautions, , bathroom safety	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Bowel/Bladder Incontinence, Ambulation				Exercises Prescribed, Up As Tolerated	
19. Mental & COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, Psychosocial Status: SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment another facility/provider will be responsible for managing treatment	
Homebound status: Due to diagnosis of Acute Vaginitis, 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: Start of care was completed for a 68-year-old female referred to home health services from her primary care provider following a recent fall with subsequent rehabilitation stay and transition to a new assisted living facility (ALF). The patient has a significant past medical history including cerebrovascular accident (CVA) with right hemiplegia and dysarthria, expressive dysphasia and aphasia, hypertension, hyperlipidemia, chronic kidney disease, and breast cancer status post bilateral mastectomy. Prior to her recent hospitalization, the patient reported ambulating with a rolling walker; however, following the fall and rehab stay, she now primarily mobilizes via wheelchair with assistance. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrates significant functional limitations, requiring maximal to moderate assistance with bathing and dressing, assistance with toileting using a diaper/pull-up, and maximal assistance for sit-to-stand, bed-to-wheelchair, and transfer activities upon arrival to the ALF. Physical therapy evaluation revealed decreased bilateral lower extremity strength with manual muscle testing of approximately 2-/5 in the right lower extremity and 3/5 in the left lower extremity, as well as left upper extremity weakness graded at 4/5. The patient presents with hypertonic tone of the right shoulder and elbow and limited range of motion of the right shoulder secondary to CVA, with pain and joint tightness on the right side significantly limiting participation in mobility tasks. Physical therapy provided instruction to the patient and caregiver on safe stand-pivot transfer techniques, resulting in improved performance to minimal to moderate assistance. The patient was educated on the importance of daily exercise to prevent further decline, and a seated therapeutic exercise program for bilateral lower extremities was initiated; however, participation is limited by minimal active motion in the right lower extremity aside from hip flexion. The patient would benefit from continued skilled physical therapy services to address strength deficits, impaired balance, pain management, and functional mobility limitations in order to improve safety, increase independence with transfers and mobility, and work toward returning to her prior level of function within the ALF setting. Date of Order 01/12/2026 Orders Physician Face-to-Face Date: 01/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Acute Vaginitis 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 OT Eval Notes: Physician Hickson, Nicole					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/12/2026					
24. Physician's Name and Address				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.	
Nicole Hickson				F2F date : 01/05/2026	
1120 N Charles St Ste 400					
Baltimore, MD 21201					
PHONE: 443-739-3889 FAX: 18339750904 NPI: 1073157459					
27. Attending Physician's Signature and Date Signed				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.	
01/21/2026 Date of physician last face-to-face				PAGE 1 of 3	

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PT Careplans			PT Goals			
PT WK1: 1 (01/12/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26) 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: 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), 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: 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, GG0170I1 - Walk 10 Feet, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, genital irritation, M1610 - Urinary Incontinence, poor muscle tone, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, gait training/stair training, teach/coordinate/arrange medication packaging and/or administration TEACH PATIENT/CAREGIVER: * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance			PATIENT-STATED GOAL: To be able to walk again GOALS 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 caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance			
OT Careplans			OT Goals			
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Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			01/12/2026			

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home remedies to keep lungs healthy, related medicatio, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Eating - 06. Independent			Upper Body Dressing - 05. Setup or clean-up assistance	

Signature of Physician:	Date
	PAGE 3 of 3
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