Home Health Certification and Plan of Care

Order ID: 1150/16535

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34195019	02/09/2026	From: 02/09/2026 To: 04/09/2026	22289	217058

6. Patient's Name and Address
Linda Hardy
6612 Fable Ct,
Glen Burnie, MD 21060-
240-353-3007

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 05/26/1947 | **9.Sex** Female

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

Atorvastatin Calcium - Atorvastatin Calcium 80MG 1 Tablet by mouth at bedtime for HLD
Amilodipine - Amlodipine Besylate 5 MG 1 tablet by mouth in the morning for HTN
Levothroxine - Levothyroxine Sodium 25 MCG 1 Tablet by mouth in the morning for Hypothyroidism Take 0.5 tablets (12.5mcg total)
Clopidogrel - Clopidogrel 75 MG 1 tablet by mouth one time a day for CVA
Quetiapine Fumarate - Quetiapine Fumarate 25 mg by mouth at bedtime

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	02/09/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	02/09/26
E03.9	Hypothyroidism unspecified	02/09/26
D63.8	Anemia in other chronic diseases classified elsewhere	02/09/26
Z79.82	Long term (current) use of aspirin	02/09/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/09/26
Z86.12	Personal history of poliomyelitis	02/09/26

14. DME and Supplies:
bath bench, walker, cane

15. Safety Measures:
standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, supervision at all times, anticoagulant precautions

16. Nutrition:
cardiac diet,

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Paralysis

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
add discharge plan
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 a 78-year-old female recently admitted to the hospital status post fall and subsequently diagnosed with an acute cerebrovascular accident (CVA) and cellulitis, which has since resolved. She has residual left hemiplegia following the CVA. Per her daughter, the patient also has a history of childhood poliomyelitis resulting in chronic left hand paralysis. Her past medical history is further significant for longstanding mental health illness dating back to her 30s, characterized by delusional thoughts, talking to herself, and periods of incoherent responses. The patient currently resides with her daughter, who serves as her primary caregiver and assists with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented to person and partially to time (oriented 2), with notable cognitive impairment and memory deficits. She is able to state the date and time with prompting but demonstrates poor recall and inconsistent ability to follow directions. The patient denies pain and shortness of breath. Lung sounds are clear throughout on auscultation. She reports a good appetite, and her last bowel movement was reported as occurring today. The patient presents with left-sided weakness related to her recent CVA, compounded by preexisting left upper extremity paralysis from polio. She ambulates using a one-handed assistive device for functional mobility and requires an assistive device at all times for safety. Although her daughter reports some improvement in ambulation and stair negotiation since the stroke, the patient remains at high risk for falls due to impaired balance, weakness, cognitive deficits, fear of falling, and inconsistent compliance with safety recommendations. The daughter reports that the patient is fearful of falling and avoids elevating her feet in bed, contributing to observed right foot swelling. The patient has a low bed and previously performed sink bathing independently but is no longer maintaining personal hygiene without reminders and supervision. She does not consistently tolerate physical assistance and expresses discomfort with being touched, which further complicates caregiving and rehabilitation efforts. Skilled nursing services have been initiated at a frequency of twice weekly for two weeks, then once weekly for four weeks (2w2, 1w4). Physical therapy and occupational therapy evaluations have been ordered. Occupational therapy will further assess the need for home health aide (HHA) services and address ADL retraining, safety awareness, positioning, and caregiver education. The patient is considered homebound due to significant fall risk, cognitive impairment, left-sided weakness, need for assistive device, and requirement for caregiver assistance to safely leave the home. Skilled nursing reviewed all current medications with the patient and her daughter, including dosages, frequencies, and potential side effects, and initiated education related to CVA, including risk factors, safety precautions, and monitoring for signs and symptoms of recurrent stroke. The daughter verbalized understanding of the teaching provided. The plan of care focuses on fall prevention, strengthening and mobility training, proper positioning to reduce edema and prevent skin breakdown, reinforcement of medication compliance, cognitive support strategies, ADL retraining, and caregiver education to reduce risk of rehospitalization and promote the patient's safety and functional independence to the highest achievable level.
 Date of Order 02/09/2026 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 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
 1 - SOC - SN Notes: soc OT Eval Notes:
 Physician Kaur, Rajwinder

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rajwinder Kaur
1221 Mercantile Lane
Largo, MD 20774
PHONE: 8007777904 FAX: NPI: 1194304477

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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Linda Hardy 6612 Fable Ct, Glen Burnie, MD 21060- 240-353-3007	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 2 (02/09/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 2 (02/22/26-02/28/26) ,WK5: 1 (03/08/26-03/14/26) ,WK7: 1 (03/22/26-03/28/26) ,WK9: 1 (04/05/26-04/09/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months)

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited strength, limited endurance, weak hand grips, balance deficit

PROCEDURES: cough/deep breathing exercises, home exercise program

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: DAUGHTER WOULD LIKE FOR PATIENT TO GET BACK TO BASELINE

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

meal preparation is available to patient for all meals

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 2 (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)

PROCEDURES: gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 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, 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 - 05. Setup or clean-up assistance

PT Goals

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

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

Sit to Stand - 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

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/09/2026

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Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (02/09/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK5: 1 (03/08/26-03/14/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26)

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: Home exercise program , Therapeutic exercise , 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 - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Stated by PCG to improve functionality

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans

HHA WK1: 1 (02/09/26-02/14/26) ,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)

PROCEDURES: assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing: Pt may be non cooperative, and does not liked to be touched or pushed to do an activity. Pt does not always speak coherently and does not maintian personal hysgiene too well., assist with upper body dressing

HHA Goals

PATIENT-STATED GOAL: add patient-stated goal

GOALS

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/09/2026