

Home Health Certification and Plan of Care				Order ID: 1150/16566					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
47284547		02/25/2026		From: 02/25/2026 To: 04/25/2026		22802		217058	
6. Patient's Name and Address Marsha Thompkins 5223 Saint Charles Avenue, Baltimore, MD 21215- 862-270-7467					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 06/10/1943 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged MEMANTINE HYDROCHLORIDE 5 mg / 1 tablet by mouth daily memory LATANOPROST 0.005 both eyes every evening Instill 1 drop in both eyes COSOPT 22.3 6.8 mg/mL both eyes 2 times a day Instill 1 drop in both eyes AMILODIPINE 5mg / 1 tablet by mouth daily blood pressure Asa 81 Mg - Aspirin 81mg / 1 tablet by mouth once a day prophylactic				
11. ICD 169.354		Principal Diagnosis Hemiplga following cerebral infrc affecting left nondom side			Date 02/25/26				
13. ICD 169.318 F01.50		Other Pertinent Diagnoses Other symptoms and signs w cogn fcnctns fol cerebral infrc Vascular dementia unsp severity without beh/psych/mood/anx			Date 02/25/26 02/25/26				
169.392 I10. Z79.82		Facial weakness following cerebral infarction Essential (primary) hypertension Long term (current) use of aspirin			Date 02/25/26 02/25/26 02/25/26				
14. DME and Supplies: wheelchair, rolling walker, walker, commode, hospital bed, cane					15. Safety Measures: wheelchair precautions, , , , ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, supervision at all times, , activity supervision				
16. Nutrition: cardiac diet					17. Allergies: no known allergies				
18.A. Functional Limitations Endurance, Ambulation					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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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				
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:					<div>The patient is an 82-year-old female recently hospitalized for a left cerebellar lacunar infarct resulting in left-sided weakness and cognitive impairment. Her past medical history is significant for late effects of prior cerebrovascular accident, hypertension, vascular dementia, and right eye vision loss. Skilled nursing services have been initiated with a planned frequency of 1 visit per week for 2 weeks, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, then 1 visit per week for 3 weeks. Physical and occupational therapy evaluations and treatment have been ordered, along with a medical social worker evaluation. Occupational therapy will additionally assess the need for home health aide services. The patient resides on the first level of her home, and family members provide assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). On assessment, the patient was alert and oriented to person and place, requiring reorientation to time. She denied pain at the time of the visit but has a history of chronic knee pain. Appetite is reported as fair, and her last bowel movement occurred the day before yesterday. She demonstrates impaired balance and gait instability, with persistent left-sided weakness. Assistive devices including a walker and single-point cane are available in the home. Skilled nursing reviewed all medications, including dose, frequency, and indication, with the patient's daughter, who manages the medication regimen. Education was initiated regarding cerebrovascular accident (CVA) pathology, risk factors, medication adherence, blood pressure management, recognition of stroke warning signs, and when to seek emergency care. The patient and her son were receptive to all teaching provided. Physical therapy evaluation indicates that prior to hospitalization, the patient ambulated with a single-point cane under supervision as needed and had some difficulty negotiating stairs. Currently, she presents with decreased bilateral lower extremity strength graded at 3+/5 on manual muscle testing. She requires minimal assistance for transfers and short-distance ambulation with a single-point cane. Gait is characterized by short step length, impaired balance, and intermittent freezing episodes. She also demonstrates slowed processing and difficulty following multi-step instructions, consistent with cognitive impairment secondary to CVA and vascular dementia. The patient remains at high risk for falls due to left hemiparesis, impaired balance, cognitive deficits, and visual impairment. The plan of care includes continued skilled nursing for neurologic monitoring, medication management, cardiovascular risk reduction, and caregiver education. Skilled physical therapy will focus on strengthening, balance training, gait training, transfer safety, and fall prevention to improve functional mobility and maximize independence. Occupational therapy will address ADL retraining, cognitive support strategies, and safety within the home environment. The overall goal is to improve functional status, enhance safety, reduce fall risk, and prevent rehospitalization while supporting the patient and family in managing her chronic neurologic and cardiovascular conditions.</div><div> </div><div>Date of Order</div><div>02/25/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 02/17/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA SW due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div> </div><div>Physician</div><div>Wajahat, Neelofar</div></div>				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 02/25/2026					25. Date HHA Received Signed POT				
24. Physician's Name and Address Neelofar Wajahat 7141 Security Blvd Baltimore, MD 21244 PHONE: 855-902-4974 FAX: 14108473396 NPI: 1083861181					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 : 02/17/2026				
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. PAGE 1 of 3				

Home Health Certification and Plan of Care				Order ID: 1150/16566
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47284547	02/25/2026	From: 02/25/2026 To: 04/25/2026	22802	217058
6. Patient's Name and Address Marsha Thompkins 5223 Saint Charles Avenue, Baltimore, MD 21215- 862-270-7467		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		

SN Careplans SN WK1: 1 (02/25/26-02/28/26) ,WK2: 2 (03/01/26-03/07/26) ,WK3: 2 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 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: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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; 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, Pain Interference with ADLs, weak hand grips, balance deficit PROCEDURES: 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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * 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) 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, meal preparation is available to patient for all meals	SN Goals PATIENT-STATED GOAL: TO GET BETTER GOALS 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 * 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 medication(s) purpose, schedule 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 relaxation skills and diversional activities * 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) 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 meal preparation is available to patient for all meals
---	--

PT Careplans	PT Goals
--------------	----------

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026

Home Health Certification and Plan of Care				Order ID: 1150/16566
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47284547	02/25/2026	From: 02/25/2026 To: 04/25/2026	22802	217058
6. Patient's Name and Address Marsha Thompkins 5223 Saint Charles Avenue, Baltimore, MD 21215- 862-270-7467		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		
PT WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26) ,WK8: 1 (04/12/26-04/18/26) ,WK9: 1 (04/19/26-04/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170N1 - 4 Steps, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170F1 - Toilet Transfer, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, equipment training, transfers training TEACH PATIENT/CAREGIVER: 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, 1 - Step (curb) - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03 Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Medication Review		PATIENT-STATED GOAL: To be able to walk without help GOALS 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 1 - Step (curb) - 02. Substantial/maximal assistance 4 Steps - 02. Substantial/maximal assistance Car Transfer - 05. Setup or clean-up assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Oral Hygiene - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Medication Review		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026