Home Health Certification and Plan of Care

Order ID: 1150/16763

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
881280201	03/03/2026	From: 03/03/2026 To: 05/01/2026	23002	217058

6. Patient's Name and Address
Patricia Demarest
1425 Hull Street,
Baltimore, MD 21230-
443-610-7541

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 07/30/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S06.359D	Traum hemor left cerebrum w LOC of unsp duration subs	03/03/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/03/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/03/26
I25.2	Old myocardial infarction	03/03/26
M21.379	Foot drop unspecified foot	03/03/26
F10.90	Alcohol use unspecified uncomplicated	03/03/26
Z79.82	Long term (current) use of aspirin	03/03/26
Z91.81	History of falling	03/03/26

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

MELATONIN 10 mg by mouth at bedtime for insomnia
GABAPENTIN 300 mg / 1 Tablet by mouth two times a day for neuropathy
CARVEDILOL 25 mg / 1 Tablet by mouth two times a day for HTN
ACYCLOVIR 400 mg / 1 Tablet by mouth two times a day for antiviral
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base / 1 Tablet by mouth once a day for HTN
Asprin - Aspirin 81 mg / 1 Tablet by mouth once a day for CAD
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth in the evening for hyperlipidemia
Folic Acid - Folic Acid 1 mg / 1 Tablet by mouth once a day for supplement
Losartan Potassium - Losartan Potassium 100 mg / 1 Tablet by mouth once a day for HTN
Miralax - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth twice a day for bowel regimen Mix with 8 ounces fluid of choice
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox / 1 Tablet by mouth once a day for supplement
Nortriptyline Hydrochloride - Nortriptyline Hydrochloride eq 25 mg base / 1 Capsule by mouth twice a day for Pain
Oxycodone Hydrochloride - Oxycodone Hydrochloride Oral Solution 5 MG/5ML / Give 10 ml by mouth twice a day for Pain
Percocet - Acetaminophen: Oxycodone Hydrochloride 325 mg;5 mg / 1 Tablet by mouth every 8 hours as needed for pain 7-10
Senna - Senna 8.6 mg / 1 Tablet by mouth twice a day Give 2 tablet for bowel regimen
Sodium Chloride - Sodium Chloride 1 gm / 1 Tablet by mouth three times a day for electrolyte supplement
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg / 1 Tablet by mouth once a day for supplement

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

15. Safety Measures:
remove environmental barriers, , ambulates with assistance, ambulates with device, activity supervision, Recommended 2nd hand rail first to second.

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence

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

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Traumatic Hemorrhage Of Left Cerebrum With Loss Of Consciousness Of Unspecified Duration, Subsequent Encounter, 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 69-year-old female recently discharged following hospitalization and a subsequent rehabilitation stay from 01/21/2026 through 02/24/2026 after sustaining a fall down a flight of stairs that resulted in a traumatic hemorrhage of the left cerebrum and subsequent right foot drop. Her past medical history is significant for coronary artery disease (CAD), prior myocardial infarction (MI), hypertension (HTN), and alcohol use. Following discharge, the patient returned home where she resides with her husband in a two-story row house. The bedroom and primary bathroom are located on the second floor; however, a temporary first-floor setup has been established to improve safety and accessibility. The patient has occasionally gone upstairs to shower using a tub transfer bench. Her husband is actively assisting with activities of daily living (ADLs) and has purchased an additional handrail to install along the staircase to improve safety during stair negotiation. At the time of assessment, the patient ambulates within the home approximately 30 feet using a rolling walker and a right ankle-foot orthosis (AFO) with supervision for safety. She is able to negotiate eight steps with the use of a handrail and contact guard assistance. Bed mobility is independent. Transfers to and from the bed, chair, and bedside commode are performed with supervision. Outside mobility and car transfer ability were not assessed during this evaluation. The patient demonstrates decreased strength and endurance related to her recent neurological injury and hospitalization. Therapeutic exercise tolerance currently includes approximately five repetitions of hip flexion, bridging, hooklying trunk rotations, straight leg raises, hip abduction, knee extension, and ankle pumps. Balance assessment indicates an elevated fall risk, as evidenced by a Tinetti score of 11/28. Due to impaired balance, lower extremity weakness, need for assistive devices, and the requirement for supervision or assistance for mobility and ADLs, the patient is considered homebound. Leaving the home requires considerable effort and assistance. Occupational therapy evaluation determined that the patient would benefit from continued skilled therapy services to address deficits in ADL performance, functional mobility, strength, and overall safety within the home environment. Occupational therapy

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Marc Wilson
815 E Pratt St
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 1-410-637-5701 NPI: 1275565251

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 : 02/13/2026

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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services are recommended at a frequency of once weekly for six weeks to provide ADL training, therapeutic exercise, functional mobility training, development and progression of a home exercise program (HEP), and safety education. The overall plan of care includes continued home therapy services aimed at improving strength, balance, endurance, and functional independence, with the goal of enabling the patient to safely perform daily activities and progress toward her prior level of function while reducing fall risk. Caregiver education and environmental safety modifications will continue to be reinforced to support the patient's safe recovery within the home setting.
 Date of Order 03/03/2026 Orders Physician Face-to-Face Date: 02/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Traumatic Hemorrhage Of Left Cerebrum With Loss Of Consciousness Of Unspecified Duration, Subsequent Encounter 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 Wilson, Marc

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (03/03/26-03/07/26) ,WK2: 2 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26) ,WK7: 1 (04/12/26-04/18/26) ,WK8: 1 (04/19/26-04/25/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 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 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	PATIENT-STATED GOAL: To be able to get around the house by myself without the walker 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 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 * 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 caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence 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 - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/03/2026

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dose, interactions of all new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, 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, GG0170F1 - Toilet Transfer, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, balance deficit, Pain Interference with ADLs

PROCEDURES: Dynamic and static standing activities : Side stepping, tandem gait, unilateral stance, tandem stance , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, gait training on uneven surfaces, 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 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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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 - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (03/03/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: N/a

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 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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