Home Health Certification and Plan of Care

Order ID: 1150/16988

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8MG2W07GK11	03/09/2026	From: 03/09/2026 To: 05/07/2026	23055	217058

6. Patient's Name and Address
Toyome Butler
1450 Bedford Avenue Apt 515,
PIKESVILLE, MD 21208-
443-829-7811

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 04/29/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/09/26

13. ICD	Other Pertinent Diagnoses	Date
S05.91XD	Unspecified injury of right eye and orbit subs encntr	03/09/26
I10.	Essential (primary) hypertension	03/09/26
H54.61	Unqualified visual loss right eye normal vision left eye	03/09/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Hydralazine Hydrochloride - Hydralazine Hydrochloride 50 mg 50 mg / 1 Tablet by mouth twice a day with food for blood pressure
Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 12.5 mg;50 mg 12.5 mg;50 mg / 1 Tablet by mouth once a day Blood pressure

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

15. Safety Measures:
remove environmental barriers, , , emergency phone number prominently displayed, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Paralysis

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

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: 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hemiplegia And Hemiparesis (Paralysis/Weakness) Affecting The Left Non-Dominant Side Following A Cerebral Infarction, 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 (SOC) was completed for a 72-year-old female patient with a past medical history significant for hypertension (HTN) and cerebrovascular accident (CVA), resulting in right eye blindness and left-sided hemiplegia. The patient was recently referred for home physical therapy services due to ongoing functional limitations related to the prior CVA. The patient reports that since experiencing the CVA approximately two years ago, she has been living independently in a senior apartment and is largely able to perform her activities of daily living (ADLs) independently, though she receives assistance with transportation to the grocery store for food shopping. She previously relocated from her house to the senior apartment in order to reduce the need to navigate stairs secondary to her hemiplegia. The patient currently ambulates with the use of a rollator for most mobility but reports utilizing a quad cane when transferring to and from the car, as it is difficult to load the rollator into the vehicle. During the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrated decreased bilateral lower extremity strength, with manual muscle testing (MMT) graded at 3+/5. She currently requires contact guard assistance (CGA) for transfers and short-distance ambulation with the rollator for safety. Gait <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed decreased knee flexion during the swing phase and shortened step length, contributing to an inefficient gait pattern. Skilled physical therapy interventions were initiated during the visit, including coordination and gait training exercises consisting of ambulation with alternating hamstring curls while using the rollator for support. The patient was able to demonstrate return performance with approximately 30% accuracy, indicating a need for continued training and reinforcement. Education was provided regarding safety and proper performance of the exercise. Based on the current evaluation findings, the patient demonstrates deficits in lower extremity strength, coordination, balance, and functional mobility, which place her at increased risk for falls and decreased independence. The patient would benefit from ongoing skilled physical therapy services to address these impairments through therapeutic exercise, gait and balance training, and functional mobility training in order to improve strength, enhance safety, and increase independence with daily mobility tasks, with the goal of returning to her prior level of function (PLOF).
 Date of Order 03/09/2026 Orders Physician Face-to-Face Date: 02/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Hemiplegia And Hemiparesis (Paralysis/Weakness) Affecting The Left Non-Dominant Side Following A Cerebral Infarction 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 Physician Don, Hilary

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (03/09/26-03/14/26) ,WK2: 2 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26)

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

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
patient self-administers medications as prescribed
* recalls 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Hilary Don
5901 N. Charles Street
Baltimore, MD 21210
PHONE: 4104646238 FAX: 14104646228 NPI: 1255499273

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 : 02/23/2026

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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HOSPITALIZATION RISKS: 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
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, balance deficit

PROCEDURES: therapeutic exercises, equipment training, work simplification/energy conservation, dynamic standing balance exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, 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 - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:

Date

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

Date
03/09/2026