Home Health Certification and Plan of Care

Order ID: 1150/17012

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8HP2HA6WM99	03/11/2026	From: 03/11/2026 To: 05/09/2026	23134	217058

6. Patient's Name and Address

Glinda Hammond
146 N. Culver St,
BALTIMORE, MD 21229-
443-680-1459

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 10/07/1959 | **9.Sex** Female

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

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/11/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/11/26
N18.4	Chronic kidney disease stage 4 (severe)	03/11/26
B18.2	Chronic viral hepatitis C	03/11/26
K74.60	Unspecified cirrhosis of liver	03/11/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	03/11/26
K59.00	Constipation unspecified	03/11/26
E78.49	Other hyperlipidemia	03/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/11/26
M25.552	Pain in left hip	03/11/26
M25.562	Pain in left knee	03/11/26
F32.A	Depression unspecified	03/11/26
R74.01	Elevation of levels of liver transaminase levels	03/11/26
Z79.4	Long term (current) use of insulin	03/11/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/11/26
Z79.82	Long term (current) use of aspirin	03/11/26
Z87.440	Personal history of urinary (tract) infections	03/11/26
Z91.81	History of falling	03/11/26

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

TUMS 500 mg / 1 Tablet by mouth every 4 hours as needed for Stomach upset
PEPCID 40 mg / 1 Tablet by mouth once a day for gerd
LEVOCETIRIZINE DIHYDROCHLORIDE 5 mg / 1 Tablet by mouth once a day for allergies
LASIX 40 mg / 1 Tablet by mouth once a day for HTN hold for systolic less than 1110 or pulse less than 60
HUMALOG KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML subcutaneous as per sliding scale 0 - 200 = 0; 201 - 250 = 2; 251 - 300 = 4; 301 - 350 = 6; 351 - 400 = 8 Follow hypoglycemic protocol for BS less than 60 and BS greater than 400 give 8 Units and call MD.
Aspirin And Dipyridamole - Aspirin: Dipyridamole 25 mg;200 mg / 1 Capsule by mouth once a day for CVA
Acetaminophen - Acetaminophen 325 mg / 1 Tablet by mouth every 6 hours Give 2 tablet as needed for Mild Pain More than 3 doses in 24 hours, notify physician\/advanced practice provider(APP).Do not exceed 3g\/day. (standing order)
Atorvastatin Calcium - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day for HLD
Bupropion Hydrochloride - Bupropion Hydrochloride 100 mg / 1 Tablet by mouth once a day for depression
Insulin Nph - Insulin Susp Isophane Recombinant Human Suspension Pen-injector 100UNIT\/ML / Inject 5 unit subcutaneous at bedtime for diabetes
Losartan Potassium - Losartan Potassium 25 mg / 1 Tablet by mouth once a day for HTN hold for systolic less than 1110 or pulse less than 60
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth twice a day for HTN hold for systolic less than 110 or pulse less than 60
Nifedipine Er - Nifedipine 60 mg / 1 Tablet by mouth once a day for HTN hold for systolic less than 1110
or pulse less than 60
Sumatriptan Succinate - Sumatriptan Succinate eq 50 mg base / 1 Tablet by mouth as necessary for migraines Can be repeated after 2 hours, If no relief, NOT TO
EXCEED 200mg\/24 hours.

14. DME and Supplies:

walker, wheelchair, rolling walker, hospital bed, commode, diabetic supplies, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, sharps precautions, medication safety, bathroom safety, ambulates with assistance, activity supervision, hand rails, fall precautions, diabetic precautions, ambulates with device

16. Nutrition:

diabetic, regular

17. Allergies:

Codeine, oxyCODONE, Bactrim

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Cane, Walker, Wheelchair

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: Yes

20. Prognosis: fair

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hemiplegia 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 66-year-old female who is alert and oriented 4 and was recently hospitalized following a fall. Her medical history is significant for cerebrovascular accident with left hemiplegia, hypertension, diabetes mellitus (with a glucose monitor in place on the right arm but currently without a reader), chronic kidney disease, hyperlipidemia, gastroesophageal reflux disease, left-sided hip and knee pain, and left visual field deficit. She presents as a high fall risk, with a Tinetti score of 11/28, and demonstrates impaired mobility, requiring supervision for ambulation with a rolling walker (25 feet 2) and cues to improve right step length, minimal assistance for stair negotiation (6 steps with rail), contact guard assistance for transfers, and supervision for bed mobility. Skin assessment revealed moisture under the breasts and groin areas, with no open wounds except for a healing nickel-sized scab from the recent fall. The patient currently resides with her daughter in a two-story home, with entry requiring seven steps and the bedroom and bathroom located on the second floor, contributing to her homebound status due to the significant effort required to leave the home. Prior to hospitalization, she lived independently and managed self-care and mobility with a walker; however, she now requires assistance with activities of daily living, with support from her daughter and an additional caregiver. She demonstrates decreased strength and activity tolerance but is able to perform limited therapeutic exercises. The patient would benefit from continued skilled physical and occupational therapy services to improve strength, functional mobility, safety, and independence with activities of daily living.<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ronak Patel
4940 Eastern Ave
Baltimore, MD 21224
PHONE: 4107891469 FAX: 18888460428 NPI: 1003101908

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 : 03/02/2026

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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class="MsoNoSpacing"><o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/11/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/02/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Hemiplegia 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<o:p></o:p>
 1 - SOC -SN Notes: <o:p></o:p> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Patel, Ronak

SN Careplans

SN WK1: 1 (03/11/26-03/14/26) ,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) ,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: 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), 7. Currently taking 5 or more medications, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, limited range of motion, limited endurance, limited strength, extremity burn/tingle/numb, balance deficit, bruising/discoloration, discolored patches of skin, #1 - Abrasion - Anterior Left Below Knee -

PROCEDURES: physician-ordered wound care: #1 - Abrasion - Anterior Left Below Knee -,
MEDICATION REVIEW: Medications reviewed with patient or caregiver, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, coordinate/arrange for adequate patient supervision

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to walk up and down the steps

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/11/2026

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PT Careplans

PT WK1: 1 (03/11/26-03/14/26) ,WK2: 1 (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) ,WK9: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, 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

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Knee extension, ankle pumps., cough/deep breathing exercises, 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 medication(s) purpose, schedule, 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, 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 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

PT Goals

PATIENT-STATED GOAL: To be able to get around the house by myself

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

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 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

OT Careplans

OT WK1: 1 (03/11/26-03/14/26) ,WK2: 1 (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)

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: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, dynamic standing balance exercises, 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 medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: For my L side to work better

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

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

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

Eating - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/11/2026