Home Health Certification and Plan of Care

Order ID: 1150/17051

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1MD7Q73DJ38	01/14/2026	From: 03/15/2026 To: 05/13/2026	177	217058

6. Patient's Name and Address

Rachel Hicks
3743 Patterson Avenue,
GWYNN OAK, MD 21207-
410-336-5132

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 11/01/1927 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	01/14/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/14/26
E78.5	Hyperlipidemia unspecified	01/14/26
M62.84	Sarcopenia	01/14/26
F01.54	Vascular dementia unspecified severity with anxiety	01/14/26
M19.90	Unspecified osteoarthritis unspecified site	01/14/26
E46.	Unspecified protein-calorie malnutrition	01/14/26
R29.6	Repeated falls	01/14/26
Z79.82	Long term (current) use of aspirin	01/14/26
Z91.81	History of falling	01/14/26
H40.9	Unspecified glaucoma	01/14/26
I95.9	Hypotension unspecified	01/14/26
J32.9	Chronic sinusitis unspecified	01/14/26
K59.00	Constipation unspecified	01/14/26

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

Clonidine - Clonidine 0.1 mg; 1 tab by mouth once a day HTN
Latanoprost - Latanoprost 0.005 perc 00.005%, 1 drop both eyes at bedtime GLAUCOMA
Lidocaine Patch - Lidocaine 4%; 1 PATCH topical once a day TO LEFT KNEE PAIN
Senna S - Senna 8.6/50mg; 2 tabs by mouth at bedtime for bowel regimen
Timolol - Timolol 00.5%, 1 Drop both eyes twice a day glaucoma
Zyrtec - Cetirizine Hydrochloride 0010 mg, one half tab by mouth as necessary D,aily as needed
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17 gram by mouth in the morning Mix in water
Ergocalciferol - Ergocalciferol 50,000 International Units 50,000 units by mouth once a week 50,000 units 1 capsule by mouth on MONDAYS
Montelukast Sodium - Montelukast Sodium 10 mg 10 mg10 mg; 1 tab by mouth once a day asthma ON HOLD
Atorvastatin - Atorvastatin Calcium 010mg, 1 tablet by mouth once a day HLD
Acetaminophen - Acetaminophen 325 mg tablet, 2 tablets by mouth twice a day L knee pain

14. DME and Supplies:

hospital bed, walker, wheelchair, rolling walker, bath bench

15. Safety Measures:

walker precautions, transfer with assist, wheelchair precautions, supervision at all times, , , hand rails, , bathroom safety, ambulates with assistance

16. Nutrition:

soft, regular

17. Allergies:

Nuts, Penicillin

18.A. Functional Limitations

Bowel/Bladder Incontinence, Hearing, Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Transfer bed/Chair, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: poor

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

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 Right 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 98-year-old female with a significant past medical history including hypertension, hyperlipidemia, gastroesophageal reflux disease, anxiety, glaucoma, vascular dementia, multiple transient ischemic attacks, two cerebrovascular accidents with residual right-sided hemiparesis/hemiplegia, and a history of multiple falls. She was recently admitted to Sinai Hospital on 12/9/26 following a fall that resulted in an inability to ambulate and swelling of the left knee. The patient declined aspiration of the knee effusion. Following acute hospitalization, she was transferred to subacute rehabilitation and has since been discharged home. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is currently unable to get out of bed and requires maximum assistance with all activities of daily living and instrumental activities of daily living. She is alert to name only, demonstrates confusion, and has difficulty following directions, consistent with worsening dementia. She does not appear to be in acute distress. The patient is diapered and incontinent. No edema was noted in the extremities. A left heel deep tissue injury was identified, measuring 2.0 cm x 1.0 cm, and will require ongoing monitoring and skin integrity management. The patient resides with her daughter in a multi-level home with a first-floor setup; there are approximately seven steps to access the driveway. Prior to hospitalization, the patient was able to perform transfers with contact guard assistance and ambulate short distances within the home using a rolling walker. Currently, she demonstrates a significant functional decline. Physical therapy evaluation revealed decreased bilateral lower extremity strength, measured at approximately 2-/5 on manual muscle testing, and bilateral upper extremity strength of 3/5. She requires moderate to maximum assistance for bed mobility, sit-to-stand transfers, and toilet transfers. The patient is not ambulatory at this time and relies on a wheelchair for mobility with assistance. Limitations are primarily due to left knee pain, generalized weakness, and cognitive impairment. Family support is extensive. The daughter manages all medications, and family members assist with all ADLs and IADLs. The family has requested the initiation of a home health aide on Wednesdays and Fridays to assist with personal care. The patient currently has an aide twice weekly. Skilled nursing services are ordered at a frequency of 1 week for 1 visit, 2 weeks for 1 visit, and 1 week for 7 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh>. Medication reconciliation was completed with the daughter, and education was provided as appropriate. Physical therapy and occupational therapy evaluations have been ordered. Skilled physical therapy is indicated to address decreased strength, impaired balance, pain management, and reduced functional mobility in order to improve safety and maximize independence toward the patient's prior level of function. Occupational therapy will assess functional performance, caregiver burden, and the need for home health aide services and adaptive equipment. The plan of care focuses on fall prevention, pressure injury management, caregiver education, and maximizing safety and quality of life within the home setting.
 Date of Order 03/10/2026 Orders Physician Face-to-Face Date: 01/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat. HHA due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right 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
 4 - Recertification Notes: The patient is being recertified for continuous monitoring of vital signs, wound care management for the posterior heels, and monitoring and prevention of skin breakdown due to the patient's inability to ambulate.
 Physician Richardson, Leonard

SN Careplans	SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Leonard Richardson
900 Kenilworth Drive
Towson, MD 21204
PHONE: 4103818078 FAX: 14434454111 NPI: 1053384750

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 : 01/06/2026

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

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: nausea/vomiting, dark-colored urine (GU), decreased urine output (GU), limited range of motion (MS), swelling of affected area (MS), loss of appetite (NU), not interested in feeding (NU), swell/redness surround. skin, discolored patches of skin, #1 - 7 - Unstageable due to suspected deep tissue injury in evolution. - Posterior Left Heel - DEEP TISSUE INJURY NO DRAINAGE NOTED, #3 - Other - Anterior Right Foot - Right toe, top of toe, redness, #4 - Other - Posterior Left Buttock - Brown covering to the area.

PROCEDURES: physician-ordered wound care: #4 - Other - Posterior Left Buttock - Brown covering to the area., physician-ordered wound care: #3 - Other - Anterior Right Foot - Right toe, top of toe, redness, physician-ordered wound care: #1 - 7 - Unstageable due to suspected deep tissue injury in evolution. - Posterior Left Heel - DEEP TISSUE INJURY NO DRAINAGE NOTED, physician-ordered wound care: #1 - 7 - Unstageable due to suspected deep tissue injury in evolution. - Posterior Left Heel - DEEP TISSUE INJURYNO DRAINAGE NOTED: APPLY SOFT HEEL BOOT WHILE IN BED. APPLY SKIN PREP TO LEFT HEEL WITH FOAM DRESSING DAILY., Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: APPLY SOFT HEEL BOOT WHILE IN BED. APPLY SKIN PREP TO LEFT HEEL WITH FOAM DRESSING DAILY., monitor intake & output

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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promo, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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

PATIENT-STATED GOAL: CG GOALS TO STRONGER

GOALS
patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promo

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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls

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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

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/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

meal preparation is available to patient for all meals

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/10/2026

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* home remedies to keep lungs healthy
* recalls related medicatio

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/10/2026