Home Health Certification and Plan of Care

Order ID: 1150/17250

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6GA9GM5QF33	03/17/2026	From: 03/17/2026 To: 05/15/2026	13536	217058

6. Patient's Name and Address

Mary Suman
116 Roosevelt Ave,
GLEN BURNIE, MD 21061-
301-580-1151

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 04/10/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
M65.4	Radial styloid tenosynovitis [de Quervain]	03/17/26
G43.909	Migraine unsp not intractable without status migrainosus	03/17/26
F51.04	Psychophysiologic insomnia	03/17/26
I10.	Essential (primary) hypertension	03/17/26
E78.5	Hyperlipidemia unspecified	03/17/26
I70.0	Atherosclerosis of aorta	03/17/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	03/17/26
M51.370	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	03/17/26
G47.00	Insomnia unspecified	03/17/26
M17.12	Unilateral primary osteoarthritis left knee	03/17/26
D64.9	Anemia unspecified	03/17/26
K58.9	Irritable bowel syndrome without diarrhea	03/17/26
E04.1	Nontoxic single thyroid nodule	03/17/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/17/26
R09.82	Postnasal drip	03/17/26
R05.3	Chronic cough	03/17/26
E66.01	Morbid (severe) obesity due to excess calories	03/17/26
Z68.32	Body mass index [BMI] 32.0-32.9 adult	03/17/26
Z87.442	Personal history of urinary calculi	03/17/26
Z86.0100	Personal history of colonic polyps	03/17/26
Z96.651	Presence of right artificial knee joint	03/17/26
Z87.891	Personal history of nicotine dependence	03/17/26
Z91.81	History of falling	03/17/26

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

Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA 90 mcg/actuation Inhl HFAA, Inhale 2 puffs by mouth every 4 hours Inhale 2 puffs by mouth every 4 hours as needed
Ammonium Lactate - Ammonium Lactate 12 % Top Crea, Apply to affected area(s) topical twice a day Apply to affected area(s) 2 times a day To scaly white spots on arms/legs/back twice a day
Lidex - Fluocinonide 0.05 % Top Soln, 0.05 % Top Soln Apply to affected area(s) topical twice a day 0.05 % Top Soln Apply to affected area(s) 2 times a day For up to 14 days per month as needed for itching
Pepcid - Famotidine 20 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily as needed (for indigestion)
Tylenol - Acetaminophen 500 MG., Give 2 tablet by mouth every 6 hours Take 2 tablets by mouth every 6 hours for 72 hours
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg (2,000 unit), Take 2,000 Units Capsule by mouth once a day
Carvedilol - Carvedilol 12.5 mg 1 tab by mouth twice a day
Gabapentin - Gabapentin 100 mg 1 cap by mouth at bedtime
Amilodipine - Amlodipine Besylate 2.5 mgs by mouth once a day take 2 tablets by mouth daily
Clopidogrel - Clopidogrel 75 mg 1 tab by mouth once a day
Ecotrin - Aspirin 81 mg by mouth once a day 1 tab daily
Ramelteon - Ramelteon 8 mg by mouth in the evening 1 tablet by mouth at bedtime as needed for sleeping
Praluent - Alirocumab 75 mg/mL subcutaneous every two weeks Inject 1 mL sub q every 2 weeks

14. DME and Supplies:

rolling walker, hand held shower, bath bench, , grab bars, cane

15. Safety Measures:

supervision at all times, transfer with assist, hand rails, fall precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , medication safety, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

crestor pravastatin spironolactone amlodipine besylate bisoprolol-hydroclorothia

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Walker, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Umme Yasmin
7670 Quaterfield Rd
Pasadena, MD 21122
PHONE: 410-508-7650 FAX: 1-410-553-2465 NPI: 1164702874

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 : 03/13/2026

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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Homebound status: PLACEHOLDER

Clinical Condition Requiring Homecare: PLACEHOLDER

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (03/17/26-03/21/26) ,WK2: 2 (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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more 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: GG0130B1 - Oral Hygiene, GG0170P1 - Picking

PT Goals

PATIENT-STATED GOAL: I want to get back on my feet and doing what I used to be doing.

GOALS
Chair to Bed to Chair - 06. Independent

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
* 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/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 increase caloric intake
* 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 - 06. Independent

Car 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

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

Signature of Physician:

Date

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

Date
03/17/2026

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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, 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, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, limited strength, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, #1 - Observable Surgical Wound - Other - Right anterior neck -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right anterior neck -, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, wound vacuum, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to R knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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, 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

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
Electronically Signed by Messick, Charles RN	03/17/2026