Home Health Certification and Plan of Care

Order ID: 1150/17251

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10026557	01/20/2026	From: 03/21/2026 To: 05/19/2026	13216	217058

6. Patient's Name and Address
Fredonia Gainer
4106 Hunters Hill Circle,
RANDALLSTOWN, MD 21133-
443-803-4655

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 05/10/1931 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.312	Vis def/sptl nglct following cerebral infarction	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/20/26
I10.	Essential (primary) hypertension	01/20/26
G62.9	Polyneuropathy unspecified	01/20/26
E78.5	Hyperlipidemia unspecified	01/20/26
D53.9	Nutritional anemia unspecified	01/20/26
D69.6	Thrombocytopenia unspecified	01/20/26
H10.9	Unspecified conjunctivitis	01/20/26
R73.9	Hyperglycemia unspecified	01/20/26
I25.2	Old myocardial infarction	01/20/26
Z79.82	Long term (current) use of aspirin	01/20/26
Z95.5	Presence of coronary angioplasty implant and graft	01/20/26
Z87.440	Personal history of urinary (tract) infections	01/20/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	01/20/26

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

Aspirin 81Mg - Aspirin 81mg, Give 1 Tablet Chewable by mouth once a day for CVA prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 80 mg, take 1 tablet by mouth at bedtime for HLD.
Metoprolol Tartrate - Metoprolol Tartrate 50mg, give 1 tablet by mouth twice a day for HTN Hold for SBP <110 or HR <55
Acetaminophen - Acetaminophen 500mg, give 1 tablet by mouth every 6 hours as needed for pain Do not exceed more than 3,000mg per day
Meclizine - Meclizine Hydrochloride 12.5 mg , take one tablet by mouth every 8 hours As needed for dizziness
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tablet by mouth once a day Blood thinner
Lisinopril - Lisinopril 10 mg by mouth once a day For HTN

14. DME and Supplies:
wheelchair, cane, hospital bed, commode

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Visuospatial deficit and spatial neglect following 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: The patient is a 94-year-old woman who would benefit from continued occupational therapy services to address activities of daily living (ADLs), transfers, and bilateral upper extremity strength and range of motion. She continues to demonstrate weakness in the right upper extremity and is considered a fall risk. The patient requires standby assistance for sit-to-stand and bed-to-wheelchair transfers, along with verbal cues for proper limb placement. She also requires assistance with dressing and bathing tasks. She is mobile using a wheelchair and requires minimal assistance for functional ambulation with a quad cane.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/17/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/03/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Visuospatial deficit and spatial neglect following 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<o:p></o:p>
 4 - Recertification OT Notes: due to weakness of the right upper extremity<o:p></o:p> Physician: Uy, Jennifer

SN Careplans

SN Goals

OT Careplans

OT Goals

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
Jennifer Uy
6535 N. Charles St
Towson, MD 21204
PHONE: 4438492707 FAX: 14438498066 NPI: 1366862062

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 : 12/03/2025

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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OT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-03/31/26)

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:

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion, balance deficit

PROCEDURES: Therapeutic exercise, Patient/caregiver recalls related purpose and schedule of medications: Medications review , 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 medicatio, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, 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, Patient will demonstrate improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

PATIENT-STATED GOAL: Patient wants to get better

GOALS
Patient will demonstrate improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

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

Toileting Hygiene - 06. Independent

Oral Hygiene - 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 medicatio

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/17/2026