Home Health Certification and Plan of Care

Order ID: 1150/17646

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
391279640	03/28/2026	From: 03/28/2026 To: 05/26/2026	22548	217058

6. Patient's Name and Address

La Rhonda Parker
3718 Gelston Drive,
BALTIMORE, MD 21229-
443-850-9142

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 04/21/1980 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.322	Dysarthria following cerebral infarction	03/28/26

13. ICD	Other Pertinent Diagnoses	Date
I69.398	Other sequelae of cerebral infarction	03/28/26
H54.60	Unqualified visual loss one eye unspecified	03/28/26
I11.0	Hypertensive heart disease with heart failure	03/28/26
I50.9	Heart failure unspecified	03/28/26
E11.69	Type 2 diabetes mellitus with other specified complication	03/28/26
R80.9	Proteinuria unspecified	03/28/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/28/26
I25.2	Old myocardial infarction	03/28/26
E78.5	Hyperlipidemia unspecified	03/28/26
E04.9	Nontoxic goiter unspecified	03/28/26
F17.210	Nicotine dependence cigarettes uncomplicated	03/28/26
G43.909	Migraine unsp not intractable without status migrainosus	03/28/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/28/26
Z79.82	Long term (current) use of aspirin	03/28/26
Z79.01	Long term (current) use of anticoagulants	03/28/26
Z79.4	Long term (current) use of insulin	03/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/28/26

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

Glipizide - Glipizide 5 mg / 1 Tablet by mouth twice a day before meals. Commonly known as: GLUCOTROL
Asa 81Mg - Aspirin 1 Tablet by mouth once a day
Atorvastatin - Atorvastatin Calcium 80 mg / 1 Tablet by mouth in the evening Commonly known as: LIPITOR
Metformin - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day with meals. Commonly known as: GLUCOPHAGE
Nicotine Patch - Nicotine Patch 21 MG/24HR topical once a day Commonly known as: NICODERM CQ
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg by mouth once a day 1 tab daily for 6 days. Last date given was 3/22/26
Ezetimibe - Ezetimibe 10 mg 10mg by mouth once a day 1 tab daily for cholesterol
Depo-Provera - Medroxyprogesterone Acetate 150 mg/ml 150mg/ml intramuscular as necessary Inject IM route every 3 months for pregnancy prevention
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day 1 tab daily for vitamin repletion/immunity

14. DME and Supplies:

rolling walker, walker, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, , hand rails, bathroom safety, , activity supervision

16. Nutrition:

diabetic

17. Allergies:

ampicillin penicillins sulfa antibiotics

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, 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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Dysarthria 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 45-year-old female with a complex medical history significant for heart failure, coronary artery disease with prior NSTEMI, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-18 CE-FMS-diabetes">diabetes</mh> mellitus, prior cerebrovascular accidents (including chronic left PCA and left parietal infarcts), dysarthria, thyroid goiter, migraine, and a history of tobacco use (approximately one pack per day for 20 years) with alcohol use disorder currently in remission. She initially presented on 02/03/2026 with acute onset of slurred speech and right visual field deficit. Neuroimaging revealed multiple large vessel occlusions involving the distal left internal carotid artery, left anterior cerebral artery, left M1 middle cerebral artery, and left posterior cerebral artery territories, raising concern for Moyamoya disease or vasculopathy. MRI of the brain demonstrated new small acute ischemic infarcts in the left frontal lobe, consistent with an acute ischemic stroke. She has had subsequent episodes of altered mental status, including staring spells, confusion, difficulty with word finding, and impaired recall, prompting further emergency evaluation and ongoing neurologic workup. The patient resides in a multi-level row home with her son, requiring navigation of multiple steps to enter the home and access the second-floor bedroom and bathroom. She is currently a full code and has documented allergies to ampicillin, penicillins, and sulfa antibiotics. On assessment, the patient demonstrates fluctuating cognitive status, with episodes of confusion and impaired memory, although at times she is able to follow commands and participate in conversation. During one visit, she exhibited altered mental status with incorrect recall of personal information, prompting emergency medical services activation despite initial refusal. Blood pressure at that time was elevated at 155/95 mmHg, and blood glucose was within normal limits at 129 mg/dL. Functionally, the patient demonstrates a decline from her prior level of independence. She is able to ambulate short distances (approximately 30 feet) within the home with supervision, using a rollator or no assistive device depending on stability, and requires supervision for transfers including bed, chair, and toilet. She is able to negotiate stairs with a railing using a step-over-step pattern under supervision. Bed mobility remains independent. Despite these abilities, she demonstrates impaired balance, coordination, and safety awareness, with a Tinetti score of 21/28, indicating increased fall risk. She requires supervision for basic activities of daily living and assistance with higher-level tasks. Skilled therapy services are indicated due to deficits in strength, coordination, balance, and cognitive function, as well as the need for ongoing monitoring of neurological status. Interventions focus on improving functional mobility, enhancing safety with ambulation and transfers, and reducing fall risk. Occupational therapy emphasizes activities of daily living, cognitive support, and functional activity tolerance, while physical therapy targets strength, endurance, and gait training.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

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 : 03/21/2026

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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Patient and caregiver education has been provided regarding stroke symptoms, fall prevention, medication adherence, and lifestyle modifications, including recommendations for regular exercise and dietary changes such as reducing processed foods and sodium intake. Given her complex neurological condition, fluctuating mental status, and mobility limitations, the patient is considered homebound, requiring significant effort and assistance to leave the home. The plan of care includes continued skilled nursing and therapy services, close coordination with neurology for further diagnostic evaluation (including consideration of Moyamoya disease), and monitoring for recurrent neurological symptoms or complications. Without ongoing skilled intervention, the patient remains at high risk for further functional decline, falls, and rehospitalization.
 Date of Order 03/28/2026 Orders Physician Face-to-Face Date: 03/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Dysarthria 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes
 Physician Bullock, Eddye

SN Careplans

SN WK1: 1 (03/28/26-03/28/26) ,WK2: 2 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 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

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, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, limited endurance, limited strength, muscle weakness, limited range of motion, difficulty sleeping, daytime fatigue, balance deficit, weak hand grips, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: incentive spirometer, apply anti-embolitic stockings, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for maintenance of clean/uncluttered living area

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

SN Goals

PATIENT-STATED GOAL: I want to be able to manage my health at home so I can be healthy for my son

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

caregiver administers and/or packages medications appropriately

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

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

patient's living environment is clean/uncluttered

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/28/2026

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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, * strategies to increase caloric intake, 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, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 1 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/23/26) ,WK10: 1 (05/24/26-05/26/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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. Sitting knee extension, ankle pumps, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To feel steady on my feet and go back to work.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK2: 1 (03/29/26-04/04/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/23/26)

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, incentive spirometer, equipment training, work simplification/energy conservation

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 - 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

OT Goals

PATIENT-STATED GOAL: Pt wants to go back to work

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 - 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	03/28/2026