Home Health Certification and Plan of Care

Order ID: 1150/17658

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99183973	03/28/2026	From: 03/28/2026 To: 05/26/2026	24072	217058

6. Patient's Name and Address
Ivry Atlee
3302 Essex Road,
GWYNN OAK, MD 21207-
443-414-3198

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 11/22/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.318	Other symptoms and signs w cogn fnctns fol cerebral infrc	03/28/26

13. ICD	Other Pertinent Diagnoses	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/28/26
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	03/28/26
I89.0	Lymphedema not elsewhere classified	03/28/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	03/28/26
I10.	Essential (primary) hypertension	03/28/26
F01.C11	Vascular dementia severe with agitation	03/28/26
M10.9	Gout unspecified	03/28/26
D64.9	Anemia unspecified	03/28/26
H43.819	Vitreous degeneration unspecified eye	03/28/26
R32.	Unspecified urinary incontinence	03/28/26
Z79.01	Long term (current) use of anticoagulants	03/28/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/28/26
Z86.718	Personal history of other venous thrombosis and embolism	03/28/26

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

COZAAR 100 mg / 1 Tablet by mouth once a day
JARDIANCE 25 mg / 1 Tablet by mouth once a day Take half tablet
Lovenox - Enoxaparin Sodium SubQ Syringe 80 mg/0.8 mL / Inject 0.7 mL subcutaneous every 12 hours
Lipitor - Atorvastatin Calcium eq 20 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection
Warfarin Oral Tab 5 mg Take as directed by Anticoagulation Clinic (888-845-0095)
Nystatin - Nystatin 100,000 units/ml Swish and swallow 5 mL by mouth four times a day
Lopressor - Metoprolol Tartrate 100 mg / 1 Tablet by mouth twice a day
Glucotrol - Glipizide 5 mg / 1 Tablet by mouth in the morning Take 2 tablets before breakfast, in 1 tablet in the evening before dinner
Zoloft - Sertraline Hydrochloride 100 mg / 1 Tablet by mouth once a day
Zyloprim - Allopurinol 100 mg / 1 Tablet by mouth once a day
Norvasc - Amlodipine Besylate eq 5 mg base / 1 Tablet by mouth once a day

14. DME and Supplies:
None of the above

15. Safety Measures:
ambulates with assistance, ambulates with device, , , supervision at all times, , , , bathroom safety, diabetic precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans
SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other symptoms and signs involving cognitive functions 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 was seen for start-of-care evaluation and is an 80-year-old male with a history of moderate to severe vascular dementia and left-sided hemiplegia secondary to a prior cerebrovascular accident. The patient is alert and oriented to person and intermittently to place and time (A&O x2-3), with noted forgetfulness and cognitive impairment that at times contributes to agitation. He is fully dependent for activities of daily living, requiring total assistance from his daughter and spouse, who serve as primary caregivers. The patient is incontinent of both bowel and bladder. Physical <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed bilateral lower extremity swelling consistent with lymphedema, currently managed with ACE wrap compression. Redness was observed along the inner thighs near the groin area; a topical cream prescribed by the physician is being applied to manage skin irritation and prevent breakdown. The patient reports intermittent pain in the back and lower extremities. Functionally, the patient demonstrates significant deficits in bed mobility, transfers, and ambulation, requiring maximal assistance for safety and completion of tasks, with increased time needed for all movements. He presents with left-sided weakness, impaired coordination, and an unsteady gait, placing him at high risk for falls. These impairments, combined with cognitive deficits, urinary incontinence, and lower extremity lymphedema, significantly limit his mobility and overall functional independence. The patient is considered homebound due to safety concerns and inability to ambulate independently. Skilled home health physical therapy services are medically necessary to address functional mobility deficits, improve safety with transfers and gait, maintain current level of function, and prevent further decline. Caregiver education is ongoing regarding safe patient handling, fall prevention strategies, proper application of compression wraps, skin care, and adherence to the prescribed treatment plan. The plan of care includes continued monitoring of functional status, pain management, skin integrity, and response to therapy interventions.
 Date of Order 03/28/2026 Orders Physician Face-to-Face Date: 03/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> & Education for diseases/conditions/medications , PT: <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> & treatment, OT :ADL training; Energy conservation; Establish Home Exercise Program due to Other symptoms and signs involving cognitive functions 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 Wajahat, Neelofar

SN Careplans

SN Goals

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
Neelofar Wajahat
7141 Security Blvd
Baltimore, MD 21244
PHONE: 855-902-4974 FAX: 14108473396 NPI: 1083861181

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 : 03/19/2026

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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Ivry Atlee 3302 Essex Road, GWYNN OAK, MD 21207- 443-414-3198	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (03/28/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (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, 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), 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

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; 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 ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: laundry, GG0130E1 - Shower/Bathe Self - 02. Substantial/maximal assistance, bathing, M1720 - Anxiety, M1745 - Behavioral Issues, meal preparation, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, swelling in legs/around eyes, shortness of breath, swelling in the arms/legs, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, swelling of affected area, B1000 - Vision Deficit, Pain Effect on Sleep, Pain Interference with ADLs, swell/redness surround. skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Patient would like to get stronger

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

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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) purpose, schedule

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

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

Signature of Physician:	Date

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

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PT Careplans

PT WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170P1 - Picking 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, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, 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

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening: q, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: not to go back to hospital

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 06. Independent

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/28/2026