

Home Health Certification and Plan of Care				Order ID: 1150/17684										
1. Patient's HI claim No. 5AM4UA2VP99		2. Start Of Care Date 02/04/2026		3. Certification Period From: 04/05/2026 To: 06/03/2026		4. Medical Record No. 22055		5. Provider No. 217058						
6. Patient's Name and Address Marie Miles 1926 Waltman Rd, EDGEWOOD, MD 21040- 240-572-5566					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 01/22/1951					9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged GavILAX Powder (Polyethylene Glycol 3350) 17 gram by mouth once a day for bowel regimen mix with 4 ounces water or juice/hold for loose stools Ipratropium-Albuterol Inhalation Solution (Ipratropium-Albuterol) 0.000.5-2.5 (3) mg / 3ml inhalant every 6 hours inhale orally every 6 hours as needed for wheezing/SOB Lidocaine External Patch 4 % (Lidocaine) 0 apply 1 patch topical once a day Apply to the lower back and bilateral hip topically one time a day for pain management and remove per schedule Ezetimibe - Ezetimibe 10 mg 10 mg 10 mg/ 1 Tablet by mouth once a day for HLD Tramadol Hcl - Tramadol Hydrochloride 50 mg / 1 Tablet by mouth every 6 hours as needed for Moderate/Severe Pain (5-10) Hold for sedation, hold for a SBP or less than 110 mmHg, stop med upon DC from facility Extra Strength Tylenol - Acetaminophen 500 mg / 1 Tablet by mouth in the morning Give 2 tablet by mouth every morning and at bedtime for pain Gabapentin - Gabapentin 100 mg 100 mg 100 mg/ 1 Capsule by mouth every 12 hours for neuropathy Docusate Sodium - Docusate Sodium 100 mg / 1 Capsule by mouth every 12 hours as needed to promote BM Simethicone - Simethicone 80 mg / 1 Tablet by mouth every 8 hours as needed for gas/bloating Melatonin - Melatonin 3 mg / 1 Tablet by mouth once a day every 24 hours as needed for insomnia give at HS Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1.25 MG (50000 UT) / 1 Capsule by mouth once a week one time a day every Tue for supplement Bethanechol Chloride - Bethanechol Chloride 10 mg take 1 tablet by mouth every 8 hours for bladder spasms Plavix - Clopidogrel Bisulfate eq 75 mg base take 1 tablet by mouth twice a day for CVA Amlodipine - Amlodipine Besylate 5mg, 1 tablet by mouth once a day For HTN.				
11. ICD I69.354 Principal Diagnosis Hemiplegia following cerebral infarct affecting left nondominant side					Date 02/04/26									
13. ICD I69.322 Other Pertinent Diagnoses Dysarthria following cerebral infarction					Date 02/04/26									
E11.3393 Type 2 diabetes with moderate nonproliferative retinopathy without macular edema					Date 02/04/26									
I12.9 Hypertensive chronic kidney disease with stage 1-4/untreated chronic kidney					Date 02/04/26									
E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease					Date 02/04/26									
N18.32 Chronic kidney disease stage 3b					Date 02/04/26									
D63.1 Anemia in chronic kidney disease					Date 02/04/26									
F43.21 Adjustment disorder with depressed mood					Date 02/04/26									
D50.9 Iron deficiency anemia unspecified					Date 02/04/26									
K21.9 Gastro-esophageal reflux disease without esophagitis					Date 02/04/26									
E78.5 Hyperlipidemia unspecified					Date 02/04/26									
E66.813 Other obesity					Date 02/04/26									
Z79.82 Long term (current) use of aspirin					Date 02/04/26									
14. DME and Supplies: walker, wheelchair, grab bars, hospital bed, bath bench, commode					15. Safety Measures: fall precautions, bathroom safety									
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: no known allergies									
18.A. Functional Limitations None of the above					18.B. Activities Permitted Walker, Wheelchair, Up As Tolerated									
19. Mental & Psychosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:														
20. Prognosis: fair														
22. A Rehabilitation Potential: SELF-CARE: Intact , MOBILITY: Intact					22.B. Discharge Plans patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment									
Homebound status: Due to diagnosis of Hemiplegia and hemiparesis following cerebral infarction affecting left non-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 75-year-old female with a past medical history significant for hypertension, type 2 diabetes mellitus, and cerebrovascular accident (CVA) with residual left-sided weakness. She is alert and oriented to person, place, time, and situation. At the time of assessment, she denied pain, shortness of breath, nausea, vomiting, dizziness, or lightheadedness. Vital signs were within normal limits. Respiratory examination revealed lungs clear to auscultation bilaterally, and her skin was noted to be warm and intact. She reports generalized weakness. The patient resides with her daughter and granddaughter's family. Prior to her stroke, she lived in a two-story townhouse with a basement and was independent with basic self-care activities, functional transfers, and ambulation. Currently, she demonstrates a significant decline in functional status and requires total assistance with self-care, functional transfers, and ambulation. She is presently a one-person assist for activities of daily living but functionally dependent due to weakness and impaired mobility related to her prior CVA and deconditioning. Education was provided regarding the importance of medication adherence, routine blood pressure monitoring, recognition of stroke warning signs using the BEFAST acronym, and proper hand hygiene practices to reduce infection risk. Both the patient and caregiver verbalized understanding of the education provided. Given the marked decline from her prior level of function and current dependence with self-care and mobility tasks, skilled occupational therapy services are medically necessary to address deficits in strength, coordination, activity tolerance, functional transfers, and activities of daily living. The goal of therapy is to improve functional independence, enhance safety within the home environment, reduce caregiver burden, and facilitate return toward prior level of function to the greatest extent possible. Interdisciplinary coordination will continue to support rehabilitation, chronic disease management, and prevention of further functional decline.														
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/31/2026										25. Date HHA Received Signed POT				
24. Physician's Name and Address Rajbinderpal Gill 24035 Three Notch Rd Hollywood, MD 20636 PHONE: 3013737400 FAX: 13013736100 NPI: 1487688164					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 : 01/14/2026									
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. PAGE 1 of 3									

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14px;">Clinical Condition Requiring Home Care per Certifying Physician: sn=disease management pt=eval & treat ot=eval & treat hha=adl's due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>">4 - Recertification Notes: The patient is a 75-year-old female with a PMHx of HTN, T2DM, HLD, CVA, etc. She had a stroke, which affected her left side. Patient currently presents dependent with all self care, functional transfer and functional ambulation tasks resulting in total assistance required for selfcare, functional transfer and functional ambulation tasks. Skilled OT services recommended at this time to address deficits hindering functional independence. Continued skilled OT services recommended at this time to address deficits hindering Patient from returning to plof.</div><div>Physician</div><div>Gill, Rajbinderpal</div>				
SN Careplans		SN Goals		
PT Careplans PT WK1: 1 (04/05/26-04/11/26) PROCEDURES: cough/deep breathing exercises, wheelchair training, strengthening exercises, 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, * 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 relaxatio, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance		PT Goals PATIENT-STATED GOAL: To get stronger and walk again GOALS Chair to Bed to Chair - 06. Independent 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 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 relaxatio Sit to Stand - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance Car Transfer - 06. Independent Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent 1 - Step (curb) - 02. Substantial/maximal assistance 12 Steps - 02. Substantial/maximal assistance 4 Steps - 02. Substantial/maximal assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Walk 150 Feet - 02. Substantial/maximal assistance Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance		
OT Careplans OT WK2: 1 (04/12/26-04/18/26) ,WK4: 1 (04/26/26-05/02/26) ,WK6: 1 (05/10/26-05/16/26) ,WK8: 1 (05/24/26-05/30/26) 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:		OT Goals PATIENT-STATED GOAL: Walk GOALS Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 03/31/2026		

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Marie Miles			HomeCentris Healthcare LLC		
1926 Waltman Rd,			10 Crossroads Drive, Suite 102		
EDGEWOOD, MD 21040-			Owings Mills, MD 21117-8284		
240-572-5566			410-321-8448		
			1487113239		
HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8			Lower Body Dressing - 03. Partial/moderate assistance		
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, S o 2: 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.			Don/Doff Footwear - 03. Partial/moderate assistance		
			Eating - 06. Independent		
			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		
; 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: muscle weakness, limited endurance, limited strength, limited range of motion, impaired speech, weak hand grips, balance deficit, obesity					
PROCEDURES: Medication Review : Medication reviewed with patient and caregiver and all medications in the home, 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 medicatio, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent					

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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