Home Health Certification and Plan of Care

Order ID: 1150/16346

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100149138	02/11/2026	From: 02/11/2026 To: 04/11/2026	20498	217058

6. Patient's Name and Address
Michael Yerby
4112 Hyden Ct,
Baltimore, MD 21225-
410-564-6770

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 11/20/1975 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	02/11/26

13. ICD	Other Pertinent Diagnoses	Date
I69.322	Dysarthria following cerebral infarction	02/11/26
I69.392	Facial weakness following cerebral infarction	02/11/26
I69.315	Cognitive social or emo def following cerebral infarction	02/11/26
I10.	Essential (primary) hypertension	02/11/26
E78.5	Hyperlipidemia unspecified	02/11/26
I95.1	Orthostatic hypotension	02/11/26
F33.1	Major depressive disorder recurrent moderate	02/11/26
L60.2	Onychogryphosis	02/11/26
L85.3	Xerosis cutis	02/11/26
R45.851	Suicidal ideations	02/11/26
R73.03	Prediabetes	02/11/26
F17.210	Nicotine dependence cigarettes uncomplicated	02/11/26
Z79.82	Long term (current) use of aspirin	02/11/26
Z79.899	Other long term (current) drug therapy	02/11/26
Z86.718	Personal history of other venous thrombosis and embolism	02/11/26

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

Escitalopram - Escitalopram Oxalate 20 MG tablet by mouth daily with dinner Take 1 tablet (20 mg total)
Pantoprazole - Pantoprazole Sodium 40 mg EC tablet Oral daily Take 1 tablet (40 mg total)
Baclofen - Baclofen 10 MG tablet by mouth 2 (two) times daily Take 1 tablet (10 mg total)
Actoplus - Metformin Hydrochloride: Pioglitazone Hydrochloride 500 MG 24 hr tablet Oral daily with dinner Take 1 tablet (500 mg total)
Risperdal - Risperidone 1 MG tablet Oral nightly Take 1 tablet (1 mg total)
Atorvastatin Calcium - Atorvastatin Calcium 80 mg by mouth once a day

14. DME and Supplies:
wheelchair, small base cane, rolling walker, hospital bed, hand held shower, grab bars, commode, cane, bath bench

15. Safety Measures:
diabetic precautions, bedrails up while in bed, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Paralysis

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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
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 50-year-old male with a significant medical history of right thalamocapsular cerebrovascular accident (CVA), chronic lacunar infarcts secondary to medication nonadherence, left-sided hemiplegia, hypertension, hyperlipidemia, diabetes mellitus, dysarthria, and depression. He is currently awake, alert, and responsive, with speech characterized by slurring. The patient demonstrates occasional irritability but is cooperative with care at other times. He resides alone in a multi-level home but remains on the first level at all times. There is one step to enter the front of the home and two steps at the rear exit; however, the patient is unable to negotiate stairs. For medical appointments, he exits the home via wheelchair with assistance. He receives 12 hours per day of home health aide support for basic activities of daily living, with all bathing completed in bed under supervision. His sister serves as the primary contact for care coordination and appointment scheduling and assists with errands and other instrumental activities of daily living. Functionally, the patient requires human assistance for transfers and utilizes a commode. He is able to ambulate short distances with a quad cane and assistance but demonstrates an unsteady gait, decreased bilateral lower extremity strength, impaired balance, poor safety awareness, and difficulty with functional mobility and step negotiation. Although no falls have been reported within the past year, he remains at high risk for falls due to left hemiplegia, weakness, and impaired balance. He is also at risk for developing contractures in the absence of skilled occupational therapy services. Due to residual deficits from his CVA, the patient is homebound, requiring human assistance and the use of an assistive device to leave the home. Leaving the residence requires considerable and taxing effort and poses a safety risk. The patient demonstrates deficits including decreased strength in bilateral lower extremities, impaired transfers, reduced functional mobility, unsteady gait, balance impairment, history of falls, and increased fall risk. Skilled home physical therapy services are medically necessary to address strengthening, gait training, transfer training, balance training, stair negotiation as appropriate, and safety awareness to maximize functional independence and prevent further decline. Without skilled physical therapy intervention, the patient remains at significant risk for falls, injury, progressive functional deterioration, and loss of independence. The plan of care includes home physical therapy beginning 02/17/2026 at a frequency of twice weekly for four weeks (Monday and Wednesday), followed by once weekly for four weeks (Monday). The patient is in agreement with the established physical therapy plan of care.
 Date of Order 02/11/2026 Orders Physician Face-to-Face Date: 02/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SOC OT eval and treat, PT eval and treat due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side 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 - OT Notes: soc - OT SOC PT Eval Notes:
 Physician Purser, Rachel

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rachel Purser
1000 E Eager St
Baltimore, MD 21202
PHONE: 4105229800 FAX: 14103672175 NPI: 1982333233

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 : 02/02/2026

27. Attending Physician's Signature and Date Signed **03/19/2026**: 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.

Home Health Certification and Plan of Care

Order ID: 1150/16346

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100149138	02/11/2026	From: 02/11/2026 To: 04/11/2026	20498	217058

6. Patient's Name and Address
Michael Yerby
4112 Hyden Ct,
Baltimore, MD 21225-
410-564-6770

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

PT Careplans

PT WK1: 8 (02/11/2026 - 02/14/2026), WK2: 1 (02/15/2026 - 02/21/2026), WK3: 1 (02/22/2026 - 02/28/2026), WK4: 2 (03/01/2026 - 03/06/2026)

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, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate assistance, 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, Car Transfer - 05. Setup or clean-up 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: I want to be able to walk

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 03. Partial/moderate assistance

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

Car Transfer - 05. Setup or clean-up 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 WK1: 9 (02/11/2026 - 02/14/2026), WK2: 1 (02/15/2026 - 02/21/2026), WK3: 1 (02/22/2026 - 02/28/2026), WK4: 1 (03/01/2026 - 03/06/2026)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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 ; 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, regurgitation of food, impaired speech, balance deficit, loss of appetite

PROCEDURES: Balance training , Medication review , Standing tolerance , cough/deep breathing exercises, home exercise program, equipment training, work simplification/energy conservation, gait training/stair training, transfers training, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: to improve funcationality

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
02/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/16346

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100149138	02/11/2026	From: 02/11/2026 To: 04/11/2026	20498	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Michael Yerby 4112 Hyden Ct, Baltimore, MD 21225- 410-564-6770	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal 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

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

Car Transfer - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 03. Partial/moderate 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

Shower/Bathe Self - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/11/2026