

Home Health Certification and Plan of Care										Order ID: 1150/15416			
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.	
6CR1WU2WW20			01/11/2026			From: 01/11/2026 To: 03/11/2026			20979			217058	
6. Patient's Name and Address Bernard Jones 4901 Gunther Ave, Baltimore, MD 21206- 443-699-8259							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 06/25/1957							9. Sex Male		10. Medications: Dose/Frequency/Route (N)ew (C)hanged Atorvastatin - Atorvastatin Calcium take 80mg oral tablet by mouth at bedtime for HLD Eliquis - Apixaban 5 mg oral tablet by mouth every 12 hours for embolic stroke ergocalciferol take 1 capsule (50,00 units total) by mouth once a week Give 1 capsule by mouth one time a day every Monday for supplement Folic Acid - Folic Acid 1 mg 1 tablet by mouth once a day Metoprolol Succinate - Metoprolol Succinate 50 mg / 1 Tablet by mouth once a day for HTN hold for SBP<110or HR<50				
11. ICD R13.10		Principal Diagnosis Dysphagia unspecified					Date 01/11/26		15. Safety Measures: wheelchair precautions, walker precautions, , remove environmental barriers, , , emergency phone # clearly displayed, cardiac precautions, , bathroom safety, ambulates with device, ambulates with assistance				
13. ICD		Other Pertinent Diagnoses					Date						
I11.0		Hypertensive heart disease with heart failure					01/11/26						
I50.32		Chronic diastolic (congestive) heart failure					01/11/26						
I48.0		Paroxysmal atrial fibrillation					01/11/26						
I25.2		Old myocardial infarction					01/11/26						
E55.9		Vitamin D deficiency unspecified					01/11/26						
R47.81		Slurred speech					01/11/26						
Z79.01		Long term (current) use of anticoagulants					01/11/26		17. Allergies: tb test				
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits					01/11/26						
14. DME and Supplies: wheelchair, walker, cane							15. Safety Measures: wheelchair precautions, walker precautions, , remove environmental barriers, , , emergency phone # clearly displayed, cardiac precautions, , bathroom safety, ambulates with device, ambulates with assistance						
16. Nutrition: cardiac diet							17. Allergies: tb test						
18.A. Functional Limitations Endurance, Speech, Ambulation, Bowel/Bladder Incontinence							18.B. Activities Permitted Walker, Wheelchair, Up As Tolerated						
19. Mental & Psychosocial 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: 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						
Homebound status:		Due to diagnosis of Dysphagia Unspecified, 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 alert and oriented and resides alone in a single-level apartment. The patient's son was present during the visit and provides daily assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), including meal preparation, medication administration, shopping, and errands. The patient ambulates within the apartment using a walker or wheelchair as needed. Skin<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals intact skin with no noted breakdown. The patient was referred to home health care services following a recent hospitalization and rehabilitation stay related to a cerebrovascular accident (CVA). Physical therapy and occupational therapy evaluations have been ordered as part of the home health referral. The patient's son has expressed interest in initiating home health aide (HHA) services to further support care needs. Skilled nursing services are recommended at a frequency of two<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> per week for two weeks, followed by one visit per week for four weeks. The next skilled nursing visit is scheduled for Wednesday. Date of Order 01/11/2026 Orders Physician Face-to-Face Date: 12/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Dysphagia Unspecified 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: Physician Rollins Mrs., Lawanda											
SN Careplans SN WK1: 1 (01/11/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) 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: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 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 ; 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							SN Goals PATIENT-STATED GOAL: I want to get stronger GOALS patient/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * recalls related medication(s) purpose, schedule patient/caregiver recalls * dietary guidelines for managing nutritional deficit * recalls related medication(s) purpose, schedule patient/caregiver recalls * exercises to recover speech function * recalls related medication(s) purpose, schedule						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 01/11/2026									25. Date HHA Received Signed POT				
24. Physician's Name and Address Lawanda Rollins Mrs. 8831 Satyr Hill Rd Ste 100 Parkville, MD 21234 PHONE: 443-946-1896 FAX: 14434952902 NPI: 1003384165							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 : 12/16/2025						
27. Attending Physician's Signature and Date Signed 04/14/2026 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. PAGE 1 of 2						

Home Health Certification and Plan of Care				Order ID: 1150/15416	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6CR1WU2WW20		01/11/2026		From: 01/11/2026 To: 03/11/2026	
				4. Medical Record No.	
				20979	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Bernard Jones			HomeCentris Healthcare LLC		
4901 Gunther Ave,			10 Crossroads Drive, Suite 102		
Baltimore, MD 21206-			Owings Mills, MD 21117-8284		
443-699-8259			410-321-8448		
			1487113239		
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)			patient/caregiver recalls		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, difficulty sleeping, impaired speech			* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, bladder training, coordinate/arrange for maintenance of clean/uncluttered living area			* physical exercise plan		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * exercises to recover speech function, 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, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered			* diet		
			* recalls related medication(s) purpose, schedule		
			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		
			* 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)		
			patient/caregiver recalls		
			* urinary incontinence management including bladder training		
			* Kegel exercises		
			* skin care		
			* 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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/11/2026