

Home Health Certification and Plan of Care				Order ID: 1150/17833	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
03149843570		04/07/2026		From: 04/07/2026 To: 06/05/2026	
4. Medical Record No.		5. Provider No.			
24249		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Naresa Bydume 6635 Hunters Wood Cir, Catonsville, MD 21228- 443-993-9046			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
10/14/1957			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Principal Diagnosis			ASPIRIN 81 mg by mouth one time a day for dvt prophylaxis		
169.351			ATORVASTATIN 20 MG tablet by mouth at bedtime for Hyperlipidemia		
Hemiplga following cerebral infrc aff right dominant side			Biktarvy Oral Tablet 50-200-25 MG (Bictegravir-Emtricitabine-Tenofovir		
13. ICD			Alafenamide Fumarate) 25 MG tablet by mouth one time a day for hiv		
Other Pertinent Diagnoses			BIOTIN 1 capsule by mouth one time a day every Thu for Vitamin D		
10.			deficiency for 12 Weeks		
Essential (primary) hypertension			DOCUSATE 100 MG mg by mouth two times a day for constipation		
B20.			DORZOLAMIDE HYDROCHLORIDE 1 drop in both eyes two times a day for		
Human immunodeficiency virus [HIV] disease			glaucoma		
F31.9			EXCEDRIN (MIGRAINE) 65 MG tablet by mouth every 24 hours as needed for		
Bipolar disorder unspecified			Migraine pain level 1-5, maximum of 3 grams/24 hours		
R41.0			FOLIC ACID 1 MG tablet by mouth one time a day for supplement		
Disorientation unspecified			LOSARTAN POTASSIUM 50 MG tablet by mouth one time a day for htn		
Z86.73			SENNOSIDES 8.6 MG tablet by mouth in the evening for bowel regimen		
Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits			ACETAMINOPHEN 325 MG mg by mouth every 6 hours as needed for pain		
Z79.02			max 3g/day pain level 6-10		
Long term (current) use of antithrombotics/antiplatelets					
Z79.82					
Long term (current) use of aspirin					
14. DME and Supplies:			15. Safety Measures:		
wheelchair, hooyer lift, hospital bed			transfer with assist, supervision at all times, hand rails, fall precautions,		
			bleeding precautions, ambulates with device, , ambulates with assistance,		
			emergency phone # clearly displayed, bedrails up while in bed, standard		
			precautions, wheelchair precautions, smoke detectors , medication safety,		
			bathroom safety, anticoagulant precautions, activity supervision		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Bowel/Bladder Incontinence, Paralysis, Speech, Contracture, Endurance			Transfer bed/Chair, Wheelchair, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, 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!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.!4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Hemiplegia and hemiparesis following cerebral infarction affecting right 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:			<div>The patient is a 67-year-old female with a significant past medical history including HIV, hypertension, tobacco use, and prior cerebrovascular accident (CVA) complicated by dysphagia. She was recently hospitalized following a stroke and subsequently discharged to a skilled nursing facility (Autumn Lake Summit Park) for continued care. As of 03/24, the patient has returned home and is currently being cared for by her mother and niece. She resides in a single-family home with her mother, niece, and son, who has cerebral palsy. The patient's living area is located in the basement, which requires navigating multiple steps; however, a stair lift is available to facilitate safe access between levels. At present, the patient is fully dependent for all activities of daily living due to right-sided hemiplegia and aphasia. She is non-ambulatory and utilizes a wheelchair for mobility. Durable medical equipment in the home includes a hospital bed and a Hoyer lift to assist with transfers. The patient is incontinent of both bowel and bladder and is unable to utilize a bedside commode, requiring comprehensive caregiver support for toileting and hygiene needs. The current plan of care focuses on maintaining safety, preventing complications related to immobility and incontinence, and supporting the patient's functional status through caregiver assistance and appropriate use of adaptive equipment. Continued monitoring and caregiver education are essential to ensure proper management of the patient's complex medical and functional needs.</div><div>Date of Order</div><div>04/07/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 03/23/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SKILLED NURSING: Disease and Medication Management, PT/OT: Evaluation and Treatment due to Hemiplegia and hemiparesis following cerebral infarction affecting right 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>1 - SOC - SN Notes: soc</div><div>Physician</div><div>Ghiorzi, Thomas</div></div>		
SN Careplans			SN Goals		
SN WK1: 2 (04/07/26-04/11/26) ,WK2: 2 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26)			PATIENT-STATED GOAL: Patient's care giver states she wants patient to be able to walk again		
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			GOALS		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months,			* 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		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 04/07/2026					
24. Physician's Name and Address			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.		
Thomas Ghiorzi			F2F date : 03/23/2026		
6501 Baltimore National Pike					
Catonsville, MD 21228					
PHONE: 6672342100 FAX: 14107445117 NPI: 1750328753					
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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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 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: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited range of motion, limited strength, difficulty sleeping, daytime fatigue, impaired speech, weak hand grips, B1000 - Vision Deficit, obesity, loss of appetite PROCEDURES: incentive spirometer, apply anti-embolitic stockings, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired 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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * bowel incontinence management including dietary changes bowel training skin care, 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence 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 patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* recalls related medication(s) purpose, schedule 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 * bowel incontinence management including dietary changes * bowel training * skin care * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/07/2026