Home Health Certification and Plan of Care

Order ID: 1150/12870

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37168712	10/02/2025	From: 10/02/2025 To: 11/29/2025	17389	217058

6. Patient's Name and Address
Eric Williams
740 Poplar Grove Street Apt 4T,
BALTIMORE, MD 21216-
443-680-3190

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 12/03/1966 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	10/02/25

13. ICD	Other Pertinent Diagnoses	Date
I69.320	Aphasia following cerebral infarction	10/02/25
I69.322	Dysarthria following cerebral infarction	10/02/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/02/25
I11.0	Hypertensive heart disease with heart failure	10/02/25
I50.9	Heart failure unspecified	10/02/25
M19.90	Unspecified osteoarthritis unspecified site	10/02/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/02/25
F33.1	Major depressive disorder recurrent moderate	10/02/25
E78.00	Pure hypercholesterolemia unspecified	10/02/25
H35.81	Retinal edema	10/02/25
E53.8	Deficiency of other specified B group vitamins	10/02/25
F10.11	Alcohol abuse in remission	10/02/25
R29.6	Repeated falls	10/02/25
Z79.82	Long term (current) use of aspirin	10/02/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	10/02/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/02/25
Z87.891	Personal history of nicotine dependence	10/02/25
Z91.81	History of falling	10/02/25

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

Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 25 mg;100 mg 100mg/25mg; 1 tab by mouth once a day blood pressure
Escitalopram - Escitalopram Oxalate 10 mg 10 mg ,Take 1 tablet by mouth once a day Take 1 tablet(s) every day by oral route.
antidepressant
Clopidogrel - Clopidogrel 75 mg 75 mg , TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH DAILY FOR 90 DAYS.
anticoagulant
Nifedipine Er - Nifedipine 30 mg , Take 1 tablet by mouth once a day Take 1 tablet(s) every day by oral route.
blood pressure
Glipizide - Glipizide 5 mg 5 mg , Take 1 tablet by mouth twice a day Take 1 tablet(s) twice a day by oral route.
Note: TAKE TABLET BEFORE MORNING AND EVENING MEALS
DM
INSULIN GLARGINE 20 UNITS subcutaneous at bedtime DM

14. DME and Supplies:
wheelchair, rolling walker, diabetic supplies, bath bench, walker

15. Safety Measures:
, , diabetic precautions, , ambulates with device, walker precautions, , sharps precautions,

16. Nutrition:
diabetic, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Endurance, Ambulation, HEMIPLEGIA

18.B. Activities Permitted
Wheelchair, Up As Tolerated, Walker, Exercises Prescribed

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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: 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
patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hemiplga Following Cerebral Infrc Aff 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:
The patient is a 58-year-old male with a complex medical history that includes multiple cerebrovascular accidents (CVAs) with residual right-sided hemiplegia and hemiparesis, dysarthria, type 2 diabetes mellitus, hypertension, hyperlipidemia, congestive heart failure, osteoarthritis, depression, and alcohol use disorder. He also reports chronic tobacco use, smoking approximately 2-3 cigarettes daily. The patient was recently hospitalized for a recurrent CVA and multiple falls. He currently resides alone in an elevator-accessible apartment and receives intermittent assistance from his daughter's friend, who pre-fills his pillbox. A medication timer is in place to support adherence. The patient utilizes a Dexcom continuous glucose monitor, though he requires a prescription refill for replacement sensors. During the skilled nursing assessment, the patient was alert and oriented 3, denied pain and shortness of breath, and demonstrated slow, unsteady gait with poor balance using a rollator for safe ambulation. Lung sounds were diminished throughout. He reported a fair appetite, with last bowel movement on the day of the visit. The patient requires supervision for bed mobility, transfers, and short-distance ambulation (approximately 30 feet). His Tinetti score of 12/28 indicates a high risk for falls. He is independent in most basic ADLs but needs assistance with fastening clothing, particularly belts, due to impaired right upper extremity strength and coordination. He also experiences diplopia in his left eye, which further impacts safety and mobility. Skilled nursing services included a comprehensive medication review focusing on dosage, frequency, and side effects. The patient was educated on the signs and symptoms of bleeding, stroke prevention strategies, and diabetes management, including blood glucose monitoring and dietary considerations. Education was also provided on smoking cessation and the importance of compliance with antihypertensive and antiplatelet therapies. The patient was encouraged to follow up with his primary care provider and to contact his physician for medication refills, including the Dexcom sensor prescription. Physical therapy evaluation revealed significant weakness and decreased functional mobility secondary to prior strokes. The patient performed five repetitions each of therapeutic exercises in the supine position, including hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps. Home-based physical therapy will continue to address strength, balance, and endurance to reduce fall risk and promote independence. The interdisciplinary plan of care includes skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> for medication management, education, and glucose monitoring, along with physical therapy to improve lower extremity strength, gait stability, and transfer safety. Continued monitoring for

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Amit Babra
6660 Security Blvd
Woodlawn , MD 21207
PHONE: 4433800552 FAX: 18334713075 NPI: 1275185159

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 : 09/19/2025

27. Attending Physician's Signature and Date Signed **03/24/2026**: 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.

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neurological changes, adherence to diabetes and hypertension management, and reinforcement of fall prevention strategies are essential to optimize recovery and maintain independence at home.
 Date of Order 10/02/2025 Orders Physician Face-to-Face Date: 09/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hemiplga Following Cerebral Infrc Aff Right 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 - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Babra, Amit

SN Careplans

SN WK1: 1 (10/02/2025 - 10/04/2025), WK2: 2 (10/05/2025 - 10/11/2025), WK3: 2 (10/12/2025 - 10/18/2025), WK4: 1 (10/19/2025 - 10/25/2025)

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, limited strength, impaired speech, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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 medication(s) purpose, schedule, * exercises to recover speech function, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I WANT MY SPEECH TO GET BETTER

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

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) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/02/2025

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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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (10/02/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , Dynamic and static standing balance training, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, 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 medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 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

PT Goals

PATIENT-STATED GOAL: Be able to exit the building without trouble using my rollator

GOALS
Toilet Transfer - 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 medication(s) purpose, schedule

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching 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

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

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

OT Careplans

OT WK1: 1 (10/02/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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 medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Able to use right upper extremity to do personal care

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
10/02/2025