# Home Health Certification and Plan of Care

**Order ID: 1150/17684**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 5AM4UA2VP99 | 02/04/2026 | From: 04/05/2026 To: 06/03/2026 | 22055 | 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

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 02/04/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I69.322 | Dysarthria following cerebral infarction | 02/04/26 |
| E11.3393 | Type 2 diab with mod nonp rtnop without macular edema bi | 02/04/26 |
| I12.9 | Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny | 02/04/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 02/04/26 |
| N18.32 | Chronic kidney disease stage 3b | 02/04/26 |
| D63.1 | Anemia in chronic kidney disease | 02/04/26 |
| F43.21 | Adjustment disorder with depressed mood | 02/04/26 |
| D50.9 | Iron deficiency anemia unspecified | 02/04/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 02/04/26 |
| E78.5 | Hyperlipidemia unspecified | 02/04/26 |
| E66.813 | Other obesity | 02/04/26 |
| Z79.82 | Long term (current) use of aspirin | 02/04/26 |

**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: Dexpanthenol: 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
Amilodipine - Amlodipine Besylate 5mg, 1 tablet by mouth once a day For HTN.

**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 & Pyschosocial 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 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-hypertension">hypertension</mh>, type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, 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. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-4 CE-FMS-Medications">Medications</mh> were reviewed with her daughter to ensure accuracy and compliance. 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. <br> Date of Order 03/31/2026 Orders Physician Face-to-Face Date: 01/14/2026 <span style="font-size:

**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** **04/08/2026**: 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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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 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 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. Physician Gill, Rajbinderpal

| SN Careplans | SN Goals |
|---|---|
| | |

| PT Careplans | PT Goals |
|---|---|
| PT WK1: 1 (04/05/26-04/11/26)<br><br>PROCEDURES: cough/deep breathing exercises, wheelchair training, strengthening exercises, transfers training<br><br>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 | PATIENT-STATED GOAL: To get stronger and walk again<br><br>GOALS<br>Chair to Bed to Chair - 06. Independent<br><br>patient/caregiver recalls<br>* lifestyle modifications to manage respiratory condition including<br>* diet changes and regular exercise<br>* strategies to control shortness of breath<br>* home remedies to keep lungs healthy<br>* recalls related medicatio<br><br>patient/caregiver recalls<br>* 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<br>* teach relaxatio<br><br>Sit to Stand - 06. Independent<br><br>Toilet Transfer - 05. Setup or clean-up assistance<br><br>Car Transfer - 06. Independent<br><br>Wheel 50 ft w 2 Turns - 06. Independent<br><br>Wheel 150 feet - 06. Independent<br><br>1 - Step (curb) - 02. Substantial/maximal assistance<br><br>12 Steps - 02. Substantial/maximal assistance<br><br>4 Steps - 02. Substantial/maximal assistance<br><br>Picking Up Object - 02. Substantial/maximal assistance<br><br>Walk 10 Feet - 02. Substantial/maximal assistance<br><br>Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance<br><br>Walk 150 Feet - 02. Substantial/maximal assistance<br><br>Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance |

| OT Careplans | OT Goals |
|---|---|
| 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)<br><br>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<br><br>CAREGIVER: | PATIENT-STATED GOAL: Walk<br><br>GOALS<br>Oral Hygiene - 05. Setup or clean-up assistance<br><br>Toileting Hygiene - 03. Partial/moderate assistance<br><br>Upper Body Dressing - 05. Setup or clean-up assistance |

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 03/31/2026 |

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HOSPITALIZATION RISKS: 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; 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, SpO2: 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.

; 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

Lower Body Dressing - 03. Partial/moderate assistance

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

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/31/2026 |