

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	
100149138		02/11/2026		From: 02/11/2026 To: 04/11/2026	
				4. Medical Record No.	
				20498	
				5. Provider No.	
				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		
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	
14. DME and Supplies:			15. Medications: Dose/Frequency/Route (N)ew (C)hanged		
wheelchair, small base cane, rolling walker, hospital bed, hand held shower, grab bars, commode, cane, bath bench			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		
16. Nutrition:			17. Safety Measures:		
Z. NO PHYSICIAN-ORDERED DIET			diabetic precautions, bedrails up while in bed, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision		
18.A. Functional Limitations			17. Allergies:		
Speech, Paralysis			no known allergies		
19. Mental & Pyschosocial Status:			18.B. Activities Permitted		
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			No Restrictions		
20. Prognosis:			22. A Rehabilitation Potential:		
fair			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: <div>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.</div><div> </div><div>Date of Order</div><div>02/11/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 02/02/2026</div><div>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</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 - OT Notes: soc - OT SOC</div><div>PT Eval Notes:</div><div> </div><div>Physician</div><div>Purser, Rachel</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 02/11/2026					
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.		
Rachel Purser 1000 E Eager St Baltimore, MD 21202 PHONE: 4105229800 FAX: 14103672174 NPI: 1982333233			F2F date : 02/02/2026		
27. Attending Physician's Signature and Date Signed			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.		
04/10/2026 Date of physician last face-to-face			PAGE 1 of 3		

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PT Careplans			PT Goals			
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)			PATIENT-STATED GOAL: I want to be able to walk			
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			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			
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						
OT Careplans			OT Goals			
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)			PATIENT-STATED GOAL: to improve functionality			
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 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) purposos			
CAREGIVER: 1. Non-agency caregiver(s) currently provide 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 medicatio			
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule			
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			patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule			
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			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			
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						
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			02/11/2026			

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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) purposos, 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
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Optional Name/Signature of Nurse/Therapist:	Date
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