Home Health Certification and Plan of Care

Order ID: 1150/18474

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83241900	05/04/2026	From: 05/04/2026 To: 07/02/2026	25443	217058

6. Patient's Name and Address

Hyun Lee
2418 Burlwood Rd,
Timonium, MD 21093-
571-242-4588

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 06/26/1947 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J69.0	Pneumonitis due to inhalation of food and vomit	05/04/26

13. ICD	Other Pertinent Diagnoses	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	05/04/26
I69.322	Dysarthria following cerebral infarction	05/04/26
I69.393	Ataxia following cerebral infarction	05/04/26
I69.392	Facial weakness following cerebral infarction	05/04/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/04/26
D64.9	Anemia unspecified	05/04/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	05/04/26
D35.2	Benign neoplasm of pituitary gland	05/04/26
F17.210	Nicotine dependence cigarettes uncomplicated	05/04/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/04/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/04/26
Z79.82	Long term (current) use of aspirin	05/04/26
Z85.028	Personal history of other malignant neoplasm of stomach	05/04/26

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

ASPIRIN Delayed Release 81 mg / 1 Tablet by mouth daily with dinner
CLOPIDOGREL 75 mg / 1 Tablet by mouth daily for 21 days Commonly known as: PLAVIX
ATORVASTATIN 20 mg / 1 Tablet by mouth nightly Commonly known as: LIPITOR
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth every other day
MELATONIN 3 mg / 1 Tablet by mouth once for 1 dose
METFORMIN 1000 mg / 1 Tablet by mouth 2 times daily with meals Commonly known as: GLUCOPHAGE
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 units by mouth once a day every morning
VITAMIN B COMPLEX PO - by mouth
NICOTINE 14 MG/24HR patch / Place 1 patch onto the skin transdermal every morning Commonly known as: NICODERM CQ

14. DME and Supplies:

cane

15. Safety Measures:

standard precautions, hand rails, fall precautions, diabetic precautions, bleeding precautions, ambulates with assistance, emergency phone # clearly displayed, medication safety, smoke detectors , transfer with assist, supervision at all times, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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: good

22. A Rehabilitation Potential:

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 Pneumonitis due to inhalation of food and vomit, 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: Patient is a 78-year-old male recently hospitalized secondary to acute/subacute ischemic cerebrovascular accident involving the right basal ganglia and internal capsule with associated left-sided deficits. Hospitalization was further complicated by pneumonia. Past medical history is significant for dementia, type 2 diabetes mellitus, history of gastric cancer status post resection in 2009, and tobacco use. CTA of the head and neck revealed a large vessel occlusion affecting the right side of the brain. A swallow evaluation was completed during hospitalization, and no further speech therapy services were recommended at this time. Patient was additionally advised to follow up with urology for urinary retention and repeat urinalysis due to presence of red blood cells noted in urine without evidence of infection. Patient also experienced significant stool burden during hospitalization, and continuation of bowel regimen was recommended upon discharge. Patient resides with his wife and son in a single-family, multilevel home. Patient speaks only Korean, with son assisting as translator and caregiver during <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh>. Patient is currently designated as full code. All prescribed medications are present in the home, and patient has no known drug allergies. Although patient owns a cane, he frequently ambulates without an assistive device, increasing his risk for falls. Recommendations were made for use of a rolling walker and shower chair to improve safety with mobility and bathing tasks. Skilled physical therapy evaluation was completed due to impaired mobility, unsteady gait, generalized weakness, and decline from prior level of function following recent CVA. Assessment revealed bilateral lower extremity weakness, impaired balance, decreased activity tolerance, altered gait mechanics, decreased step length, poor foot clearance, and gait instability. Patient requires moderate assistance for bed mobility and transfers and is able to ambulate approximately 60 feet with contact guard to minimal assistance. Skilled home health physical therapy is medically necessary to address strengthening, balance retraining, gait training, transfer training, safety awareness, and caregiver education in order to improve functional mobility, reduce fall risk, maximize independence, and prevent rehospitalization. Occupational therapy assessment noted patient remains ambulatory within the home without an assistive device and is independent with upper and lower body dressing tasks. Patient requires setup assistance for showering and is independent with sit-to-stand and toilet transfers without verbal cueing for limb placement. Bilateral upper extremity strength was assessed at 4+/5 MMT. Mild cognitive and memory deficits associated with dementia were noted. Caregiver education was provided regarding memory care strategies and activities to help promote cognitive stimulation and memory retention, with caregiver verbalizing understanding of teaching provided. At this time, patient does not require ongoing occupational therapy services. Continued skilled nursing and physical therapy services remain indicated for ongoing neurological monitoring, medication management, fall prevention, mobility training, disease process education, bowel management reinforcement, and overall safety within the home environment.
 Date of Order <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Qinglin Gao
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 18007777904 FAX: NPI: 1053381780

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 : 04/30/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18474

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83241900	05/04/2026	From: 05/04/2026 To: 07/02/2026	25443	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Hyun Lee 2418 Burlwood Rd, Timonium, MD 21093- 571-242-4588	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

14px;">05/04/2026 Orders Physician Face-to-Face Date: 04/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Pneumonitis due to inhalation of food and vomit 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 Gao, Qinglin

SN Careplans

SN WK1: 1 (05/04/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK5: 1 (05/31/26-06/06/26) ,WK7: 1 (06/14/26-06/20/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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; 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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited endurance, muscle weakness, limited range of motion, limited strength, lethargy, weak hand grips, withdrawal from conversations, daytime fatigue, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Caretaker states he wants patient to be able to walk without any falls and prevent future strokes from occurring.

GOALS
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
* 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
* 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
* 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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/04/2026

Home Health Certification and Plan of Care

Order ID: 1150/18474

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83241900	05/04/2026	From: 05/04/2026 To: 07/02/2026	25443	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Hyun Lee 2418 Burlwood Rd, Timonium, MD 21093- 571-242-4588	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT Careplans

PT WK1: 1 (05/04/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient verbalized understanding and demonstrated good carryover., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: TO have a successful post stroke recovery

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (05/04/26-05/09/26)

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

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, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: OT eval only

GOALS
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

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/04/2026