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	4. Medical Record No.	5. Provider No.
03149843570	04/07/2026	From: 04/07/2026 To: 06/05/2026	24249	217058

6. Patient's Name and Address

Naresa Bydume
6635 Hunters Wood Cir,
Catonsville, MD 21228-
443-993-9046

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 10/14/1957 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	04/07/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	04/07/26
B20.	Human immunodeficiency virus [HIV] disease	04/07/26
F31.9	Bipolar disorder unspecified	04/07/26
R41.0	Disorientation unspecified	04/07/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/07/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/07/26
Z79.82	Long term (current) use of aspirin	04/07/26

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

ASPIRIN 81 mg by mouth one time a day for dvt prophylaxis
ATORVASTATIN 20 MG tablet by mouth at bedtime for Hyperlipidemia
Biktarvy Oral Tablet 50-200-25 MG (Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate) 25 MG tablet by mouth one time a day for hiv
BIOTIN 1 capsule by mouth one time a day every Thu for Vitamin D deficiency for 12 Weeks
DOCUSATE 100 MG mg by mouth two times a day for constipation
DORZOLAMIDE HYDROCHLORIDE 1 drop in both eyes two times a day for glaucoma
EXCEDRIN (MIGRAINE) 65 MG tablet by mouth every 24 hours as needed for Migraine pain level 1-5, maximum of 3 grams/24 hours
FOLIC ACID 1 MG tablet by mouth one time a day for supplement
LOSARTAN POTASSIUM 50 MG tablet by mouth one time a day for htn
SENNOSIDES 8.6 MG tablet by mouth in the evening for bowel regimen
ACETAMINOPHEN 325 MG mg by mouth every 6 hours as needed for pain max 3g/day pain level 6-10

14. DME and Supplies:

wheelchair, hoyer lift, hospital bed

15. Safety Measures:

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:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Paralysis, Speech, Contracture, Endurance

18.B. Activities Permitted

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:

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 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 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.
 Date of Order 04/07/2026 Orders Physician Face-to-Face Date: 03/23/2026 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 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 Physician Ghiorzi, Thomas

SN Careplans

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)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months,

SN Goals

PATIENT-STATED GOAL: Patient's care giver states she wants patient to be able to walk again

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Thomas Ghiorzi
6501 Baltimore National Pike
Catonsville, MD 21228
PHONE: 6672342100 FAX: 14107445117 NPI: 1750328753

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 : 03/23/2026

27. Attending Physician's Signature and Date Signed **04/14/2026**: 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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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