# Home Health Certification and Plan of Care

**Order ID: 1150/18724**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 35156047 | 05/15/2026 | From: 05/15/2026 To: 07/13/2026 | 25771 | 217058 |

**6. Patient's Name and Address**
Paul Tyc
3416 Sollers Point Road,
DUNDALK, MD 21222-
443-220-7961

**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** 04/23/1945 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 05/15/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| J44.9 | Chronic obstructive pulmonary disease unspecified | 05/15/26 |
| D72.825 | Bandemia | 05/15/26 |
| I48.91 | Unspecified atrial fibrillation | 05/15/26 |
| I11.0 | Hypertensive heart disease with heart failure | 05/15/26 |
| I50.20 | Unspecified systolic (congestive) heart failure | 05/15/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 05/15/26 |
| E03.9 | Hypothyroidism unspecified | 05/15/26 |
| H53.462 | Homonymous bilateral field defects left side | 05/15/26 |
| Z79.01 | Long term (current) use of anticoagulants | 05/15/26 |
| Z95.1 | Presence of aortocoronary bypass graft | 05/15/26 |
| Z91.81 | History of falling | 05/15/26 |

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

ELIQUIS 5 mg / 1 Tablet by mouth 2 (two) times daily
ATORVASTATIN 40 mg / 1 Tablet by mouth daily Commonly known as: LIPITOR
FOLIC ACID 1 mg / 1 Tablet by mouth daily
LEVOTHYROXINE 112 mcg / 1 Tablet by mouth once daily Commonly known as: SYNTHROID
LISINOPRIL 5 mg / 1 Tablet by mouth daily Commonly known as: PRINIVIL
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth daily Commonly known as: LOPRESSOR
Acetaminophen, Aspirin And Caffeine - Acetaminophen: Aspirin: Caffeine 1 tablet by mouth once a day 81 mg
Trelegy Ellipta 100-62.5-25 mcg Dsdv / Take 1 puff into the lungs inhalation daily Generic drug: fluticasone-umeclidin-vilanter

**14. DME and Supplies:**
small base cane, wheelchair, commode, bath bench

**15. Safety Measures:**
fall precautions,

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Contracture

**18.B. Activities Permitted**
Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**20. Prognosis:** good

**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**
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 an 81-year-old male referred to home health services following a recent hospitalization after sustaining a fall at home on 05/05/2026. No fractures or head injury were identified following the fall. Past medical history is significant for atrial fibrillation, coronary artery disease status post coronary artery bypass grafting (CABG), chronic obstructive pulmonary disease (COPD), hypertensive heart disease, atherosclerotic heart disease, hypothyroidism, right cerebrovascular accident (CVA) with residual left hemiparesis in 2013, and left visual field cut. The patient resides in a two-story home with his caregiver, Alice, and her brother, though he remains on the first-floor setup with one step required to enter the home. Prior to hospitalization, the patient required caregiver assistance with bathing, dressing, and toileting tasks but was able to ambulate independently within the home without an assistive device and utilized a single-point cane (SPC) for community mobility. Instrumental activities of daily living (IADLs) were performed by the caregiver. The patient has a longstanding antalgic and discontinuous gait pattern secondary to prior CVA-related deficits. Current physical therapy assessment reveals impaired balance, decreased lower extremity strength, and decline in gait sequencing and mobility safety. Objective testing demonstrated a Tinetti Balance Assessment score of 13/28 and a Timed Up and Go (TUG) score of 24 seconds, indicating elevated fall risk and impaired mobility. The patient continues to negotiate curb steps with use of SPC requiring minimal assistance to contact guard assistance, consistent with longstanding deficits, though recent hospitalization and fall have contributed to further decline in functional mobility and endurance. The patient demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy services focused on improving lower extremity strength, gait mechanics, balance, transfer safety, stair and curb negotiation, endurance, and fall prevention strategies in order to maximize safety and functional independence within the home environment. Occupational therapy evaluation was completed following hospitalization. Assessment findings indicate decreased standing balance, standing tolerance, bilateral upper extremity strength, and overall activity tolerance, resulting in reduced performance with self-care activities, functional transfers, and functional ambulation tasks compared to prior level of function. Prior to hospitalization, the patient required assistance with basic self-care tasks but was able to complete functional transfers and ambulation with supervision using a cane. At present, functional deficits are limiting the patient's ability to safely and independently complete daily routines. Skilled occupational therapy services are recommended to address deficits in strength, endurance, balance, safety awareness, and functional task performance to support return to prior level of function and reduce risk of further falls or decline. Patient and caregiver education regarding home safety, energy conservation, fall prevention, and safe transfer techniques will continue as part of the plan of care. <br> Date of Order 05/15/2026 Orders Physician Face-to-Face Date: 05/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat, OT-eval & treat 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> 1 - SOC - OT Notes: soc - OT PT Eval Notes: <br> Physician Odie, Dennis

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 05/15/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Dennis Odie
9106 Philadelphia Rd
Baltimore, MD 21237
PHONE: 4107801980 FAX: 14107801984 NPI: 1578593273

**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 : 05/09/2026

**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.

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## PT Careplans

PT WK2: 2 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/12/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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 management : Review medication with caregiver and pt, cough/deep breathing exercises, home exercise program: Laq, hip flexion, hip abduction, hamstring curls, heel toe raises with resistance as tolerated, gait training on uneven surfaces, gait training/stair training: Work negotiating curb step with door frame and spc progress to cga, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Picking Up Object - 05. Setup or clean-up assistance

## PT Goals

PATIENT-STATED GOAL: To improve my walking , be steadier in the house and get back to going to bingo;To improve my walking , be steadier in the house and get back to going to bingo

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

Picking Up Object - 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

## OT Careplans

OT WK1: 1 (05/15/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/12/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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.

## OT Goals

PATIENT-STATED GOAL: Get back to bingo

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

1 - Step (curb) - 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

patient self-administers medications as prescribed
* recalls 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 - 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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/15/2026

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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:No Advance Directive on File; MOLST Scanned

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, M2020 - Oral Med Management, M1400 - Dyspnea

PROCEDURES: Medication Review : Medication reviewed with all medications in the home, home exercise program: Bilateral UE strengthening of deltoid, biceps, triceps and pectoral muscles, equipment training, work simplification/energy conservation, strengthening exercises: Skilled OT 1x5 wks, transfers training: Skilled OT 1x5 wks, transfers training, assist with bathing: Skilled OT 1x5 wks, assist with lower body dressing: Skilled OT 1x5 wks, assist with upper body dressing: Skilled OT 1x5 wks

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 05/15/2026 |