# Home Health Certification and Plan of Care

**Order ID: 1150/18730**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 48100760 | 05/15/2026 | From: 05/15/2026 To: 07/13/2026 | 25755 | 217058 |

**6. Patient's Name and Address**

Andrew Contee
3026 W. Lanvale St,
BALTIMORE, MD 21216-
443-468-5457

**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** 03/27/1943 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.352 | Hemiplga following cerebral infrc aff left dominant side | 05/15/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| R13.10 | Dysphagia unspecified | 05/15/26 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 05/15/26 |
| I50.22 | Chronic systolic (congestive) heart failure | 05/15/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 05/15/26 |
| N18.32 | Chronic kidney disease stage 3b | 05/15/26 |
| D63.1 | Anemia in chronic kidney disease | 05/15/26 |
| I44.0 | Atrioventricular block first degree | 05/15/26 |
| E03.8 | Other specified hypothyroidism | 05/15/26 |
| F02.818 | Dem in oth dis classd elswhr unsp sev with oth beh distrb | 05/15/26 |
| Z43.1 | Encounter for attention to gastrostomy | 05/15/26 |
| Z79.899 | Other long term (current) drug therapy | 05/15/26 |
| Z79.4 | Long term (current) use of insulin | 05/15/26 |
| Z79.82 | Long term (current) use of aspirin | 05/15/26 |
| Z87.01 | Personal history of pneumonia (recurrent) | 05/15/26 |

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

Aspirin - Aspirin Chewable 81 mg / 1 Tablet PEG TUBE once a day for CVA PROPHY
Glycopyrrolate - Glycopyrrolate 1 mg / 1 Tablet PEG TUBE three times a day for excessive saliva
HYDRALAZINE 100 mg / 1 Tablet PEG TUBE every 8 hours for HTN HOLD FOR SBP <110 AND HR < 60 AND CALL MD
ISOSORBIDE DINITRATE 20 mg / 1 Tablet PEG TUBE every 8 hours for HTN/ANGINAL HOLD FOR SBP <110 AND HR < 60 AND CALL MD
Levothyroxine Sodium - Levothyroxine Sodium 88 mcg / 1 Tablet PEG TUBE once a day for hypothyroidism
TYLENOL 325 mg/tablet / Give 2 tablet PEG TUBE every 06 hours as needed for PAIN NOT TO EXCEED 3GM/DAY
Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML / Inject 2 unit subcutaneous every 6 hours for T2DM Hold if glucose is less than 180mg/dl
Lantus Solostar - Insulin Glargine Recombinant 100 UNIT/ML / Inject 8 unit subcutaneous at bedtime for DM

**14. DME and Supplies:**

bath bench, walker

**15. Safety Measures:**

transfer with assist, walker precautions, supervision at all times, standard precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

**16. Nutrition:**

G-Tube

**17. Allergies:**

losartan ace inhibitors

**18.A. Functional Limitations**

Ambulation, Endurance

**18.B. Activities Permitted**

Walker, 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: 1. In new or complex situations only, 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, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

**22.B.Discharge Plans**

SN: patient will be responsible for managing treatment PT and OT: family/careg

**Homebound status:** Due to diagnosis of Hemiplegia following cerebral infarction affecting left 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 83-year-old male with a significant past medical history including dementia, congestive heart failure (CHF), chronic kidney disease (CKD), diabetes mellitus, cerebral infarction/CVA, dysphagia, abdominal aortic aneurysm without rupture, metabolic encephalopathy, dysarthria, atrioventricular block, anemia, anxiety, hypothyroidism, and left hip replacement, with a recent hospitalization for aspiration pneumonia. Consents were signed by the patient, who is alert and requires ambulatory assistance with a walker, one-person assistance, and continuous supervision for safety and fall prevention, making leaving the home a taxing effort. The patient resides in a row house with first-floor accommodations including a hospital bed and bedside commode and receives 24-hour supervision from caregiver Terry and family members. The patient ambulates short distances with a rolling walker and demonstrates decreased right step length, left knee recurvatum, and impaired balance, evidenced by a Tinetti score of 11/28. Bed mobility and transfers require supervision and cueing. The patient has a PEG tube with reported flushing resistance, and immediate surgical follow-up was recommended to prevent complications. No wounds, abnormal bleeding, or abnormal lung sounds were noted, and the patient denied pain. Bilateral lower extremity edema was present, and caregiver education was provided regarding leg elevation. Medications were reviewed for understanding; however, the caregiver reported administering a higher dose of medication than prescribed, with follow-up scheduled with the PCP. Occupational therapy evaluation noted the patient requires assistance with all ADLs, primarily remains in his room, uses a bedside commode, and receives sponge baths. Skilled therapy services were recommended to address strength, functional mobility, ADL performance, safety awareness, caregiver education, and fall prevention.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/15/2026<br> Order<o:p></o:p> Physician Face-to-Face Date: 05/10/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hemiplegia following cerebral infarction affecting left dominant side<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <br> 1 - SOC - SN Notes:<br> PT Eval Notes:<br> OT Eval Notes: <o:p></o:p> <span style="font-size:11.0pt;line-height:107%;font-family:"Calibri",sans-serif; mso-ascii-theme-font:minor-latin;mso-fareast-font-family:Calibri;mso-fareast-theme-font:

**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**

Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

**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 : 05/10/2026

**27. Attending Physician's Signature and Date Signed** **05/22/2026**: 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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minor-latin;mso-hansi-theme-font:minor-latin;mso-bidi-font-family:"Times New Roman";
mso-bidi-theme-font:minor-bidi;mso-ansi-language:EN-PH;mso-fareast-language: EN-US;mso-bidi-language:AR-SA">Physician:<span style="font-size: 10.5pt;
line-height: 107%; background: white;"> <span style="font-size:11.0pt;line-height:107%;font-family:"Calibri",sans-serif;
mso-ascii-theme-font:minor-latin;mso-fareast-font-family:Calibri;mso-fareast-theme-font:
minor-latin;mso-hansi-theme-font:minor-latin;mso-bidi-font-family:"Times New Roman";
mso-bidi-theme-font:minor-bidi;mso-ansi-language:EN-PH;mso-fareast-language: EN-US;mso-bidi-language:AR-SA">Bullock, Eddye

## SN Careplans

SN WK1: 1 (05/15/26-05/16/26) ,WK2: 2 (05/17/26-05/23/26) ,WK4: 1 (05/31/26-06/06/26) ,WK6: 1 (06/14/26-06/20/26) ,WK8: 1 (06/28/26-07/04/26) ,WK10: 1 (07/12/26-07/13/26)

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: 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; 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 ; 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.

No open wounds noted
Advance Directive:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102d - Caregiver Performs Treatment, abnormal blood pressure, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion, urine retention, muscle weakness, balance deficit, B1000 - Vision Deficit, loss of appetite

PROCEDURES: cough/deep breathing exercises, swallowing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, administer tube feeding, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, 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, * 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, * 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, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: For to return to baseline able be independence grooming dressing

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
* 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
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

## PT Goals

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 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 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26) ,WK8: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, 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, 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

PATIENT-STATED GOAL: To be able to walk in the house with my walker

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

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

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

## OT Careplans

OT WK1: 4 (05/14/26-05/16/26) ,WK2: 4 (05/17/26-05/23/26)

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

PROCEDURES: cough/deep breathing exercises, home exercise program: 16 oz water bottle: bilateral shoulder flex, chest presses, horizontal abd/add bicep curls 2x10 reps, equipment training, work simplification/energy conservation, 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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 03. Partial/moderate 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 - 05. Setup or clean-up assistance, 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 - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

## OT Goals

PATIENT-STATED GOAL: to make it easier to transfer him (caregiver)- patient is unable to state

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

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

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 - 05. Setup or clean-up assistance

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 - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

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