Home Health Certification and Plan of Care

Order ID: 1150/18889

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63936594	03/27/2026	From: 05/26/2026 To: 07/24/2026	23947	217058

6. Patient's Name and Address
Mark Vaccarino
2551 Baltimore Blvd #67,
FINKSBURG, MD 21048-
410-961-1981

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 02/02/1962 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/27/26
N18.9	Chronic kidney disease u	03/27/26
E78.5	Hyperlipidemia unspecified	03/27/26
M54.16	Radiculopathy lumbar region	03/27/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	03/27/26
E66.9	Obesity unspecified	03/27/26
Z86.16	Personal history of COVID-19	03/27/26
Z79.82	Long term (current) use of aspirin	03/27/26

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

LISINIPRIL 20-25 mg by mouth once a day for HTN
FLUOXETINE eq 20 mg base by mouth once a day for Depression
Acetaminophen - Acetaminophen 325 mg by mouth once a day every 6 hrs as needed for pain
Aspirin - Aspirin 81 mg 1tablet by mouth once a day
Amlodipine - Amlodipine Besylate 5 mg 1tablet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 80 mg 1 tablet by mouth in the evening for HLD
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg by mouth once a day
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg by mouth at bedtime

14. DME and Supplies:
commode, rolling walker, large base quad cane, wheelchair, 4 wheeled walker

15. Safety Measures:
standard precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Paralysis, Ambulation

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hemiplegia 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 a 64-year-old male who continues to benefit from skilled occupational therapy services to address deficits in ADLs, functional transfers, and left upper extremity function secondary to CVA with left-sided hemiparesis. The patient demonstrates weakness in the left shoulder and decreased grip strength, resulting in difficulty with fine motor coordination tasks such as fastening clothing and opening water bottles. He requires assistance with ADLs due to weakness and impaired balance. The patient is currently able to perform functional ambulation with a rollator under standby assistance but requires verbal cues to safely negotiate household obstacles. Continued skilled OT services are recommended to improve strength, coordination, balance, safety, and overall functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/21/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 02/25/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat DX: Hemiplegia 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<o:p></o:p>
 4 - Recertification OT Notes: to address ADLs, transfers and function of the left upper extremity secondary cva with hemiparesis of the left side<o:p></o:p> Physician: Sanico, Barbara

SN Careplans

SN Goals

OT Careplans

OT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Barbara Sanico
4920 Campbell Blvd
Baltimore, MD 21236
PHONE: 410-933-7600 FAX: NPI: 1164454716

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 : 02/25/2026

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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OT WK1: 5 (05/26/26-05/30/26)

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:

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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:*** SEE MOLST ***

PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion, muscle weakness, balance deficit

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review , home exercise program: Using green theraband and dumbbells, therapeutic exercises: clinician will describe procedure at time of visits, transfers training: Transfer

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 - 04. Supervision or touching 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, Patient will demonstrate improved bilateral upper extremity muscle strength from 3/5 mmt to 4/5 mmt to improve ADLs and transfers within 6 wks , Patient will demostrated improved left hand grip strength from 19 kg to 25 kg to improve ADL participation and manipulation of small task

PATIENT-STATED GOAL: Patient wants his hands to get better

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

Patient will demonstrate improved bilateral upper extremity muscle strength from 3/5 mmt to 4/5 mmt to improve ADLs and transfers within 6 wks

Patient will demostrated improved left hand grip strength from 19 kg to 25 kg to improve ADL participation and manipulation of small task

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Oral Hygiene - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
05/21/2026