Home Health Certification and Plan of Care

Order ID: 1150/19195

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4J10P16RV46	04/07/2026	From: 06/06/2026 To: 08/04/2026	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
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
DORZOLAMIDE HYDROCHLORIDE 1 drop in both eyes two times a day for glaucoma

14. DME and Supplies:
hoyer lift, wheelchair, hospital bed

15. Safety Measures:
standard precautions, , fall precautions, bedrails up while in bed

16. Nutrition:
regular, soft

17. Allergies:
no known allergies

18.A. Functional Limitations
Paralysis

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: 0 Dependent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: Non-pitted, bilateral lower extremity , MOBILITY: N/A

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 06/03/2026 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
 4 - Recertification Notes: Patient is a 68 year old woman who can benefit from continued OT services to address ADLs, upper extremity muscle strength/rom and bed mobility task. She is limited secondary to cva with right sided hemiplegia. She is limited prom of the right arm which makes it difficult to perform adls and bed mobility task. She demostrates 3+/5 mmt of the left upper extremity. She is bed bound and is max assistance for bed mobility and dependent/max assistance for ADLs.
 Physician Ghiorzi, Thomas

SN Careplans

SN Goals

OT Careplans

OT WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26)

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

OT Goals

PATIENT-STATED GOAL: Patient wants to be able to stand

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 06/03/2026

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 : 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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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, 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:MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, limited strength, limited range of motion, poor muscle tone, balance deficit, weak hand grips, loss of appetite

PROCEDURES: Bed mobility : Therapy, Sitting balance/tolerance : Therapy,
Patient/caregiver recalls related purpose and schedule of medications: Medication review, home exercise program, therapeutic exercises: Therapy

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 - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent, Patient will demonstrate improved left upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

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

Oral Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Don/Doff Footwear - 01. Dependent

Eating - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/03/2026