Home Health Certification and Plan of Care

Order ID: 1150/19161

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
34195019	06/01/2026	From: 06/01/2026 To: 07/30/2026	22289	217058

6. Patient's Name and Address

Linda Hardy
6612 Fable Ct,
Glen Burnie, MD 21060-
240-353-3007

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 05/26/1947 | **9.Sex** Female

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

Amilodipine - Amlodipine Besylate 5 MG 1 tablet by mouth in the morning for HTN
Levothroxine - Levothyroxine Sodium 25 MCG 1 Tablet by mouth in the morning for Hypothyroidism Take 0.5 tablets (12.5mcg total)
Clopidogrel - Clopidogrel 75 MG 1 tablet by mouth one time a day for CVA
Atorvastatin Calcium - Atorvastatin Calcium 40MG 1 Tablet by mouth at bedtime for HLD
Quetiapine Fumarate - Quetiapine Fumarate 25 mg by mouth at bedtime
Patients daughter giving half a tablet at this time. PCP aware per daughter

11. ICD	Principal Diagnosis	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	06/01/26

13. ICD	Other Pertinent Diagnoses	Date
F20.9	Schizophrenia unspecified	06/01/26
I10.	Essential (primary) hypertension	06/01/26
N17.9	Acute kidney failure unspecified	06/01/26
E78.5	Hyperlipidemia unspecified	06/01/26
E03.9	Hypothyroidism unspecified	06/01/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/01/26
D63.8	Anemia in other chronic diseases classified elsewhere	06/01/26
E87.5	Hyperkalemia	06/01/26
R29.6	Repeated falls	06/01/26
Z79.899	Other long term (current) drug therapy	06/01/26
Z79.82	Long term (current) use of aspirin	06/01/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	06/01/26
Z86.12	Personal history of poliomyelitis	06/01/26
Z91.81	History of falling	06/01/26

14. DME and Supplies:

rolling walker, bath bench, walker, grab bars, commode, hospital bed

15. Safety Measures:

transfer with assist, supervision at all times, hand rails, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, bedrails up while in bed, ambulates with assistance, walker precautions, smoke detectors , bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Walker, Transfer bed/Chair

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: 3. During the day and evening, but not constantly, 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: fair

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

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 a 79-year-old female referred to home health physical therapy services following a recent cerebrovascular accident (CVA). The patient was previously treated by this therapist from February through April 2026. She was hospitalized on 04/17/2026 after sustaining another CVA and remained hospitalized for approximately one week before transferring to an inpatient rehabilitation facility, where she received rehabilitation services for approximately one month. Additional medical history provided by the patient's daughter includes a history of childhood polio, prior falls, cognitive impairment, mental health concerns, and chronic functional limitations related to her neurological conditions. The patient currently resides with her daughter in a multi-level townhouse. To accommodate her current functional status, she remains primarily on the main floor of the home, where she sleeps in a hospital bed located in the living room. Access to the bathroom requires negotiation of two small steps. According to the daughter, upon returning home from rehabilitation, the patient was able to ambulate from the basement level to the main floor using assistance. The daughter provides assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as needed and serves as the patient's primary caregiver. At the time of assessment, the patient was alert but demonstrated significant confusion, impaired cognition, and poor safety awareness. The daughter reported a longstanding history of mental health issues that may contribute to the patient's cognitive and behavioral presentation. The patient denied pain and shortness of breath and reported a good appetite. Last bowel movement occurred on the day of assessment. No recent falls were reported since returning home. The patient expressed a significant fear of falling, which appears to impact her willingness to participate in mobility-related activities. The patient requires an assistive device and human assistance for safe ambulation. Per caregiver report, she currently utilizes a hemi-walker at times and may also use a standing mobility aid; however, despite multiple attempts and encouragement during the evaluation, the patient refused to ambulate for this therapist. The patient's daughter was present for the initial portion of the assessment but was required to leave temporarily for a work-related call. Historical records from the previous episode of care indicate ongoing challenges with participation and compliance during physical therapy sessions, and the daughter also reported a history of noncompliance with recommended therapeutic interventions. Physical assessment revealed significant functional deficits including decreased bilateral lower extremity strength, impaired balance, reduced functional mobility, difficulty with transfers, unsteady gait, impaired stair negotiation, poor safety awareness, and increased fall risk. Upper extremity assessment revealed right elbow range of motion limited to approximately 90 to 180 degrees and a contracture of the left elbow, further contributing to functional limitations and mobility challenges. The patient's fear of falling, cognitive deficits, and inconsistent participation may present barriers to rehabilitation progress; however, skilled intervention remains medically necessary to maximize safety and functional independence. The patient is considered homebound due to the effects of her recent CVA, cognitive impairment, impaired mobility, and need for assistive devices and caregiver assistance for

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Rajwinder Kaur
1221 Mercantile Lane
Largo, MD 20774
PHONE: 8007777904 FAX: NPI: 1194304477

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 : 05/26/2026

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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safe community access. Leaving the home requires considerable and taxing effort and poses a significant safety risk due to impaired balance, decreased endurance, poor safety awareness, and elevated fall risk. Based on the assessment findings, the patient presents with deficits in strength, balance, gait, transfers, stair negotiation, and overall functional mobility. Skilled home health physical therapy services are warranted to address these impairments through therapeutic exercise, gait training, balance retraining, transfer training, stair negotiation training, fall prevention strategies, caregiver education, and safety awareness interventions. The goals of treatment are to improve functional mobility, reduce fall risk, enhance safety within the home environment, and maximize the patient's level of independence. Without skilled physical therapy intervention, the patient remains at significant risk for falls, further functional decline, increased caregiver burden, and loss of independence. The plan of care was reviewed with the patient and daughter, both of whom expressed agreement with the proposed treatment approach. Physical therapy services are planned at a frequency of two visits per week for one week, followed by one visit per week for eight weeks, with ongoing assessment and progression of interventions based on the patient's tolerance, participation, and functional gains.
 Date of Order 06/01/2026 Orders Physician Face-to-Face Date: 05/26/2026 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
 1 - SOC - PT Notes: soc OT Eval Notes:
 Physician Kaur, Rajwinder

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (06/01/26-06/06/26) ,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) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-07/30/26)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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; 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

PT Goals

PATIENT-STATED GOAL: To be able to safely walk, improve strength

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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* 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 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/01/2026

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Assess/Instruct Pt/Cg: 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M1700 - Cognition, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, balance deficit

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., gait training on uneven surfaces, gait training/stair training, transfers training, monitor dialysis schedule

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, 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

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) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-07/30/26)

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: Medication review: med list update, Therapeutic activity : exe during the visit, cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal 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

OT Goals

PATIENT-STATED GOAL: family stated as functional as possible

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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