Home Health Certification and Plan of Care

Order ID: 1150/19516

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30755526920	06/09/2026	From: 06/09/2026 To: 08/07/2026	26501	217058

6. Patient's Name and Address
Tanika Hill
5501 Anthony Avenue,
Baltimore, MD 21206
443-813-5498

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 04/15/1992 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G80.9	Cerebral palsy unspecified	06/09/26

13. ICD	Other Pertinent Diagnoses	Date
R13.10	Dysphagia unspecified	06/09/26
Z43.1	Encounter for attention to gastrostomy	06/09/26
M24.551	Contracture right hip	06/09/26
M24.552	Contracture left hip	06/09/26
M24.561	Contracture right knee	06/09/26
M24.562	Contracture left knee	06/09/26
M24.529	Contracture unspecified elbow	06/09/26
M41.9	Scoliosis unspecified	06/09/26
R47.01	Aphasia	06/09/26

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

GLYCOPYRROLATE 1 mg/tablet / Take 2 tablets (2mg) by mouth THREE TIMES DAILY
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder by mouth once a day
Extra Strength Tylenol - Acetaminophen 1000mg by mouth three times a day Prn pain
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT Nasal Suspension / Inhale 1 spray (50 mcg) into nostril daily in each nostril
Albuterol Sulfate - Albuterol Sulfate 2.5 mg/3mL nebulizer solution / Inhale 3 ml (2.5 mg) via nebulizer 4 times per day as needed

14. DME and Supplies:
hoyer lift, wheelchair, commode, bath bench, Gtube supplies

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions

16. Nutrition:
G-Tube

17. Allergies:
Food: Seafood

18.A. Functional Limitations
Bowel/Bladder Incontinence, Contracture, Endurance

18.B. Activities Permitted
Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

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

Homebound status:
Due to diagnosis of Cerebral palsy unspecified, 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:

Occupational therapy evaluation was completed for a 34-year-old female with a significant medical history of cerebral palsy, dysphagia requiring gastrostomy tube (G-tube) feeding, and severe contractures involving the hips, knees, and all upper extremity joints. The patient also underwent surgery for an intestinal torsion in 2024, which resulted in further decreased mobility and worsening contractures. She resides with her mother and receives assistance from daytime caregivers for 12 hours daily. The patient is nonverbal, has no active mobility, and requires extensive to total assistance with all self-care, functional transfer, and mobility tasks. Assessment revealed decreased sitting balance, reduced sitting tolerance, diminished bilateral upper extremity strength, limited activity tolerance, and significant upper and lower extremity contractures contributing to her functional dependence. The patient tolerated passive stretching of the arms and legs during the visit, and written instructions were provided to the caregiver and mother regarding a lower extremity stretching program, with emphasis on improving left hip and knee flexion to facilitate optimal wheelchair positioning. Transfer assessment to the wheelchair was not completed due to environmental barriers limiting access during the visit. The patient remains homebound due to severe physical limitations, dependence on a wheelchair, need for caregiver assistance, and the considerable effort required to leave the home. Skilled occupational therapy services are medically necessary to address bilateral upper extremity contractures, improve positioning, maintain joint mobility, enhance sitting tolerance, and maximize functional participation and quality of life.<span
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font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> <p
class="16">Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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font-size:12.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 05/31/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat DX: Cerebral palsy unspecified<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Hilary Don
5901 N. Charles Street
Baltimore, MD 21210
PHONE: 4104646238 FAX: 14104646228 NPI: 1255499273

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 : 05/31/2026

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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font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">1 - SOC - <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Notes:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">OT Eval Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> Physician:, <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Don, Hilary

SN Careplans	SN Goals

PT Careplans

PT WK1: 1 (06/09/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) ,WK7: 1 (07/19/26-07/25/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, 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: 2. Non-agency caregiver(s) need training/supportive services to 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, 8. Currently reports exhaustion

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.

PT Goals

PATIENT-STATED GOAL: To be able to sit in my wheelchair with good positioning

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/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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

Lying to sitting/bed - 01. Dependent

Sit to Stand - 01. Dependent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/09/2026

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; 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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170E1 - Chair to Bed to Chair, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170B1 - Sit to Lying, GG0170A1 - Roll left & Right, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited strength, limited range of motion, limited endurance, muscle spasms, impaired speech, balance deficit, involuntary movement of extremity, drooling

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, wheelchair training, home exercise program: Stretching to hips, knees and ankles, equipment training, 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent, Lying to sitting/bed - 01. Dependent, Chair to Bed to Chair - 01. Dependent, Sit to Stand - 01. Dependent, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 01. Dependent, Car Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 02. Substantial/maximal assistance, Increase ROM to left hip and knee

Chair to Bed to Chair - 01. Dependent

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 01. Dependent

Car Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Oral Hygiene - 01. Dependent

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 01. Dependent

Upper Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 02. Substantial/maximal assistance

Increase ROM to left hip and knee

OT Careplans

OT WK1: 1 (06/09/26-06/13/26) ,WK3: 1 (06/21/26-06/27/26) ,WK5: 1 (07/05/26-07/11/26) ,WK7: 1 (07/19/26-07/25/26) ,WK9: 1 (08/02/26-08/07/26)

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 : Medication reviewed with caregiver with all medications in the home, cough/deep breathing exercises, incentive spirometer, home exercise program: Bilateral UE AAROM and PROM to shoulder, elbow and wrist joints, cast care: Skilled OT 1visit every other week x 12 wks, splint care: Skilled OT 1visit every other week x 12 wks, equipment training: Skilled OT 1visit every other week x 12 wks, assist with assistive devices prn: Skilled OT 1visit every other week x 12 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, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 01. Dependent

OT Goals

PATIENT-STATED GOAL: Caregiver- get into the wheelchair

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 - 01. Dependent

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 01. Dependent

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 01. Dependent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/09/2026