

Home Health Certification and Plan of Care				Order ID: 1150/18832					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
100149138		04/25/2026		From: 04/25/2026 To: 06/23/2026		20498		217058	
6. Patient's Name and Address Michael Yerby 4112 Hyden Ct, Baltimore, MD 21225- 410-564-6770					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 11/20/1975 9. Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD I69.354		Principal Diagnosis Hemiplga following cerebral infrc affecting left nondom side			Date 04/25/26		Escitalopram - Escitalopram Oxalate 20 MG tablet by mouth daily with dinner Take 1 tablet (20 mg total) Baclofen - Baclofen 10 MG tablet by mouth 2 (two) times daily Take 1 tablet (10 mg total) Atorvastatin Calcium - Atorvastatin Calcium 80 mg by mouth once a day Metformin - Metformin Hydrochloride 1 tablet by mouth before meal Hcl er 500 mg Gabapentin - Gabapentin 100 mg 1 tablet by mouth three times a day Dabigatran Etexilate - Dabigatran Etexilate 1 tablet by mouth twice a day 150 mg Pantoprazole - Pantoprazole Sodium 40 mg EC tablet Oral daily Take 1 tablet (40 mg total) Actoplus - Metformin Hydrochloride: Pioglitazone Hydrochloride 500 MG 24 hr tablet Oral daily with dinner Take 1 tablet (500 mg total) Risperdal - Risperidone 1 MG tablet Oral nightly Take 1 tablet (1 mg total)		
13. ICD I69.322 I82.412 I26.99 I11.9 E11.40 E78.5 F32.A K21.9 Z79.01 Z79.4 Z79.84		Other Pertinent Diagnoses Dysarthria following cerebral infarction Acute embolism and thrombosis of left femoral vein Other pulmonary embolism without acute cor pulmonale Hypertensive heart disease without heart failure Type 2 diabetes mellitus with diabetic neuropathy unsp Hyperlipidemia unspecified Depression unspecified Gastro-esophageal reflux disease without esophagitis Long term (current) use of anticoagulants Long term (current) use of insulin Long term (current) use of oral hypoglycemic drugs			Date 04/25/26 04/25/26 04/25/26 04/25/26 04/25/26 04/25/26 04/25/26 04/25/26 04/25/26 04/25/26				
14. DME and Supplies: wheelchair, hospital bed, cane					15. Safety Measures: wheelchair precautions, standard precautions, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, anticoagulant precautions, activity supervision				
16. Nutrition: diabetic					17. Allergies: no known allergies				
18.A. Functional Limitations Ambulation, Paralysis, Bowel/Bladder Incontinence					18.B. Activities Permitted Cane, Wheelchair, Up As Tolerated				
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes									
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 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 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:		<p class="MsoNoSpacing">The patient is a 50-year-old male who is alert, oriented, and mildly forgetful at baseline, residing in a multi-level home with assistance from his adult sons, daily caregivers, and sister, who manages medications and coordinates appointments. His past medical history includes cerebrovascular accident (CVA) with residual left-sided hemiplegia/paralysis, right thalamocapsular stroke, chronic lacunar infarcts related to medication noncompliance, hypertension, hyperlipidemia, diabetes mellitus, slurred speech, depression, and incontinence with intact skin. The patient is wheelchair-bound, non-ambulatory, and dependent for BADLs, transfers, toileting, and IADLs, requiring extensive caregiver assistance for bathing, mobility, meal preparation, shopping, and errands. Previously, he was able to ambulate short distances with a quad cane and assistance and transfer with support, but he now remains primarily bedbound and requires assistance for stand-pivot transfers. Assessment findings include decreased bilateral lower extremity strength, impaired balance, poor safety awareness, history of falls, increased risk for contractures, and significant fall risk. The patient is considered homebound due to left-sided hemiplegia requiring human assistance and wheelchair transportation to leave the home. Skilled nursing, physical therapy, and occupational therapy services were ordered to address strength, balance, transfers, ADL participation, safety awareness, contracture prevention, and functional mobility with the goal of maximizing independence and preventing further functional decline. Recommended SN frequency is 1w1, 2w1, 1w2, with the next SN visit scheduled for Tuesday, and PT services were approved per plan of care with PTA follow-up requested.</o:p></p> <p class="MsoNoSpacing">&nbsp;</o:p></p> <p class="MsoNoSpacing">Date of Order</o:p></p> <p class="MsoNoSpacing">04/25/2026
 Order</o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 03/23/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & 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></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes: </o:p></p> <p class="MsoNoSpacing">Physician:Purser, Rachel</p>							
SN Careplans					SN Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/25/2026					25. Date HHA Received Signed POT				
24. Physician's Name and Address Rachel Purser 1000 E Eager St Baltimore, MD 21202 PHONE: 4106246068 FAX: 14103420267 NPI: 1982333233					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 05/28/2026 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. PAGE 1 of 3				

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SN WK1: 1 (04/25/26-04/25/26) ,WK2: 2 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) 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: 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. NA Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, dependent edema, weak pulses in feet, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, balance deficit, weak hand grips PROCEDURES: bladder 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule		PATIENT-STATED GOAL: I want to walk on my own GOALS patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans		PT Goals		
PT WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26)		PATIENT-STATED GOAL: I want to be able to walk again		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170M1 - 1 - Step (curb), GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170I1 - Walk 10 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns		GOALS		
PROCEDURES: wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze., therapeutic modalities: Apply ice to R shoulder x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training/stair training: Short distances if pt deemed safe, transfers training		Roll left & Right - 06. Independent		
TEACH PATIENT/CAREGIVER: Roll left & Right - 06. Independent, Sit to Lying - 06.		Sit to Lying - 06. Independent		
		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		
		Wheel 50 ft w 2 Turns - 06. Independent		
		Wheel 150 feet - 06. Independent		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		04/25/2026		

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Independent, 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance		Car Transfer - 05. Setup or clean-up assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance		
OT Careplans OT WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) 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: Home exercise program : Exe for home, Home exercise program : Exe to do at home, Medication review: update med list, Therapeutic activity : exe during OT visit, cough/deep breathing exercises, incentive spirometer, wheelchair training, 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 - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal 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 - 06. Independent		OT Goals PATIENT-STATED GOAL: try and walk again 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 - 01. Dependent Wheel 50 ft w 2 Turns - 06. Independent Wheel 150 feet - 06. Independent 1 - Step (curb) - 02. Substantial/maximal assistance 12 Steps - 02. Substantial/maximal assistance 4 Steps - 02. Substantial/maximal assistance Car Transfer - 05. Setup or clean-up assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Walk 150 Feet - 02. Substantial/maximal assistance Walk 50 ft with 2 Turns - 02. Substantial/maximal 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 - 06. Independent		

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 04/25/2026