Home Health Certification and Plan of Care

Order ID: 1150/18929

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48901596100	05/22/2026	From: 05/22/2026 To: 07/20/2026	26062	217058

6. Patient's Name and Address

Angelita Jones
1234 McElderry Street Apt 423,
BALTIMORE, MD 21202-
443-769-6138

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 02/19/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.352	Hemiplga following cerebral infrc aff left dominant side	05/22/26

13. ICD	Other Pertinent Diagnoses	Date
M48.02	Spinal stenosis cervical region	05/22/26
I10.	Essential (primary) hypertension	05/22/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	05/22/26
E78.5	Hyperlipidemia unspecified	05/22/26
J44.89	Other specified chronic obstructive pulmonary disease	05/22/26
N20.0	Calculus of kidney	05/22/26
M62.562	Muscle wasting and atrophy NEC left lower leg	05/22/26
F17.210	Nicotine dependence cigarettes uncomplicated	05/22/26
Z79.01	Long term (current) use of anticoagulants	05/22/26

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

ACETAMINOPHEN 500 mg/tablet / Take 2 tablets by mouth every 6 hours as needed
NORVASC 10 mg / 1 Tablet by mouth daily
ELIQUIS 5 mg / 1 Tablet by mouth 2 times daily
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth 2 times daily
DULCOLAX 5 mg/tablet / Take 2 tablets by mouth every 24 hours as needed for Constipation Prn
Sulfamethoxazole And Trimethoprim - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 tab by mouth every 12 hours
ALBUTEROL 108 (90 Base) MCG/ACT / Take 1 puff Inhalation every 6 hours as needed
NIZORAL 2 % shampoo topical Apply to wet hair, lather, and rinse after 5 minutes 1-2 times per week

14. DME and Supplies:

grab bars, hospital bed, wheelchair, rolling walker, bath bench, Hemiwalker, Hand splints, AFO x 3

15. Safety Measures:

standard precautions, remove environmental barriers, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

lisinopril

18.A. Functional Limitations

Ambulation, Endurance, Balance, left foot drop

18.B. Activities Permitted

Other, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hemiplegia and hemiparesis following cerebral infarction affecting left 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 66-year-old individual referred to home health services following a recent hospitalization for dysuria lasting approximately one week. Past medical history is significant for cervical spinal stenosis, cerebrovascular accident (CVA) with residual left hemiplegia, hypertension, chronic obstructive pulmonary disease (COPD), asthma, left foot drop, and osteoarthritis of the right shoulder. The patient resides in an elevator-accessible apartment building with her granddaughter, who serves as her paid caregiver through Caring Hearts and provides assistance six days per week from 9:00 AM to 7:00 PM. The caregiver has only been assisting the patient for the past several weeks and continues to learn the patient's care needs and routines. Prior to the recent hospitalization, the patient required caregiver assistance with dressing and bathing tasks and ambulated with a hemiwalker. At the time of evaluation, the patient demonstrated significant functional impairments related to her chronic neurological and musculoskeletal conditions. She ambulates approximately 10 feet on two occasions with a hemiwalker and contact guard assistance, demonstrating left foot drop, decreased right step length, impaired gait mechanics, and the need for frequent verbal cues for safe walker placement and mobility techniques. Transfers from bed and wheelchair to standing require minimal assistance, while bed mobility is performed with supervision utilizing a bed rail. Due to safety concerns and current functional limitations, outside mobility and car transfer assessments were not completed. Balance assessment revealed a Tinetti score of 8/28, indicating a high risk for falls. Additional deficits include decreased lower extremity strength, impaired balance, reduced standing tolerance, decreased endurance, difficulty with transfers, impaired functional mobility, and increased dependence with activities of daily living. During the physical therapy evaluation, the patient tolerated therapeutic exercises including supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, and knee extension exercises. Skilled physical therapy is medically necessary to address strength deficits, gait abnormalities, transfer safety, balance impairments, fall prevention, and overall functional mobility in order to maximize independence and reduce the risk of further decline, injury, or hospitalization. Occupational therapy evaluation revealed decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased activity tolerance, all of which negatively impact the patient's ability to safely perform self-care tasks, functional transfers, and household ambulation. These deficits place the patient at increased risk for falls and further loss of independence. Skilled occupational therapy services are warranted to address activities of daily living, upper extremity strengthening, endurance training, transfer techniques, energy conservation strategies, safety awareness, and functional mobility to facilitate the patient's return to her highest achievable level of function. The patient is considered homebound due to significant effort required to leave the home, impaired mobility, residual deficits from CVA with left hemiplegia, left foot drop, poor balance, and high fall risk. Continued skilled home health physical and occupational therapy services are recommended to improve strength, mobility, safety, endurance, and independence while providing caregiver education and support to promote optimal outcomes and prevent rehospitalization.
 Date of Order 05/22/2026 Orders Physician Face-to-Face Date: 02/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Hemiplegia and hemiparesis following cerebral infarction affecting left 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 Feinstein, Sharon

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharon Feinstein
29 S Paca St
Baltimore, MD 21201
PHONE: 6672141800 FAX: 14106851973 NPI: 1033246202

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 **06/01/2026**: 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.

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PT Careplans

PT WK1: 1 (05/22/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK6: 1 (06/21/26-06/27/26) ,WK8: 1 (07/05/26-07/11/26) ,WK9: 1 (07/12/26-07/18/26)

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 > 8

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited range of motion, limited endurance, balance deficit, obesity

PROCEDURES: Family training: Bed mobility, gait, transfers, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Sitting knee extension, ankle pumps. Standing plantarflexion, squats, hip abduction, equipment training, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

PT Goals

PATIENT-STATED GOAL: Be able to walk around my apartment and feel stronger

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
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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 - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/22/2026

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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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK4: 1 (06/07/26-06/13/26) ,WK5: 1 (06/14/26-06/20/26) ,WK6: 1 (06/21/26-06/27/26) ,WK7: 1 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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 patient with all medications in the home, home exercise program: Right UE strengthening of deltoid, biceps, triceps and pectoral muscles, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with toilet transferring: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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 - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Walk 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/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls 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 - 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:	Date
Electronically Signed by Messick, Charles RN	05/22/2026