Home Health Certification and Plan of Care

Order ID: 1150/20176

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3XM5FH1QU92	07/01/2026	From: 07/01/2026 To: 08/29/2026	27390	217058

6. Patient's Name and Address

Brenda Wilner
6825 Campfield Rd Rm 33,
GWYNN OAK, MD 21207-
703-801-7727

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 03/13/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.320	Aphasia following cerebral infarction	07/01/26

13. ICD	Other Pertinent Diagnoses	Date
I69.322	Dysarthria following cerebral infarction	07/01/26
I69.321	Dysphasia following cerebral infarction	07/01/26
F01.50	Vascular dementia unsp severity without beh/psych/mood/anx	07/01/26
M25.512	Pain in left shoulder	07/01/26
G89.21	Chronic pain due to trauma	07/01/26
I10.	Essential (primary) hypertension	07/01/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/01/26
E78.5	Hyperlipidemia unspecified	07/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/01/26
E03.9	Hypothyroidism unspecified	07/01/26
G47.00	Insomnia unspecified	07/01/26
Z79.82	Long term (current) use of aspirin	07/01/26
Z87.01	Personal history of pneumonia (recurrent)	07/01/26

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

Alendronate Sodium - Alendronate Sodium 10 MG / 1 Tablet by mouth once a day for osteoporosis
Amlodipine Besylate - Amlodipine Besylate 5 MG / 1 Tablet by mouth once a day Hold if SBP <110 or HR <60
Aspirin - Aspirin Delayed Release 81 MG / 1 Tablet by mouth once a day for prophylaxis
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth at bedtime for HLD
Donepezil Hydrochloride - Donepezil Hydrochloride 10 MG / 1 Tablet by mouth at bedtime for Dementia
Duloxetine Hydrochloride - Duloxetine Hydrochloride Delayed Release 30 MG / 1 Capsule by mouth once a day for depression
Fish Oil - Cod Liver Oil 1200 MG / 1 Capsule by mouth once a day for supplement
Levothyroxine - Levothyroxine Sodium 137 MCG / 1 Tablet by mouth once a day for low thyroid hormone
Loratadine - Loratadine 10 MG / 1 Tablet by mouth once a day for allergies
Pantoprazole Sodium - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth once a day for GERD
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder / Give 17 gram by mouth once a day for bowel regimen mix in 4-6oz preferred fluid. Hold for loose stool
Sennosides - Senna 8.6 mg/tablet / Give 2 tablet by mouth at bedtime every 24 hours as needed for constipation
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg/tablet / Give 0.5 tablets by mouth at bedtime for Insomnia
Tylenol Es - Acetaminophen 500 MG / 1 Tablet by mouth three times a day for Pain management
Tylenol - Acetaminophen 325 mg/tablet / Give 650 mg by mouth every 8 hours for pain
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) / 1 Tablet by mouth once a day for supplement
Refresh Liquigel Ophthalmic Gel 1% / Instill 1 drop left eye every 8 hours as needed for dry eyes
Voltaren Gel - Rolaids 1% / Apply 2 gms to L shoulder topical twice a day for L shoulder pain apply 2G to L shoulder daily
Buprenorphine Hydrochloride - Buprenorphine Hydrochloride Transdermal Patch Weekly 10 MG/HR / Apply 1 patch transdermal once a day every Mon for chronic pain

14. DME and Supplies:

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

15. Safety Measures:

bathroom safety, fall precautions, standard precautions, remove environmental barriers, emergency phone number prominently displayed, electrical safety measures, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

regular

17. Allergies:

penicillin sulfate

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed, 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: 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Edna Baffoe-Bonnie
7900 Oak Point Ct
Pasadena, MD 21122
PHONE: 4438701237 FAX: 14432961684 NPI: 1982117388

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 : 06/22/2026

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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Homebound status:

Due to diagnosis of Aphasia following cerebral infarction, 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 an 87-year-old female with a past medical history significant for hypothyroidism, dementia, and a cerebrovascular accident (CVA) in March 2026 resulting in aphasia, who was recently hospitalized for pneumonia. Prior to hospitalization, she ambulated with a rolling walker under supervision but had increasing difficulty with mobility. At the start of care, the patient demonstrates generalized bilateral lower extremity weakness (3-/5 MMT), impaired balance, and decreased functional mobility, requiring minimal assistance for transfers and short-distance ambulation with a rolling walker, along with verbal cueing to improve trunk extension and posture. These deficits place her at increased risk for falls and limit her independence with functional mobility. The patient would benefit from continued skilled physical therapy to improve strength, balance, gait, safety, and overall functional mobility to maximize independence and return to her prior level of function.<o:p></o:p>   Date of Order<o:p></o:p> 07/01/2026<o:p></o:p> Physician Face-to-Face Date: 06/22/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Aphasia following cerebral infarction<o:p></o:p> 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></o:p>   1 - SOC - PT Notes:<o:p></o:p> Physician: Baffoe-Bonnie, Edna

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/01/26-07/04/26) ,WK3: 1 (07/12/26-07/18/26) ,WK5: 1 (07/26/26-08/01/26) ,WK7: 1 (08/09/26-08/15/26) ,WK9: 1 (08/23/26-08/29/26)

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: 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

PT Goals

PATIENT-STATED GOAL: To be able to transfer with less assistance

GOALS
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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/01/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170I1 - Walk 10 Feet, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, frequent urination, limited strength, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, 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, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 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 - 03. Partial/moderate 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 - 05. Setup or clean-up assistance

* home remedies to keep lungs healthy
* 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

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 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 - 03. Partial/moderate 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 - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/01/2026