

Home Health Certification and Plan of Care				Order ID: 1150/18811	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
10026557		01/20/2026		From: 05/20/2026 To: 07/18/2026	
4. Medical Record No.		5. Provider No.			
13216		217058			
6. Patient's Name and Address Fredonia Gainer 4106 Hunters Hill Circle, RANDALLSTOWN, MD 21133- 443-803-4655			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 05/10/1931 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD 169.312		Principal Diagnosis Vis def/sptl nglct following cerebral infarction		Date 01/20/26	
13. ICD I25.10		Other Pertinent Diagnoses AthscI heart disease of native coronary artery w/o ang pctrs		Date 01/20/26	
I10.		Essential (primary) hypertension		01/20/26	
G62.9		Polyneuropathy unspecified		01/20/26	
E78.5		Hyperlipidemia unspecified		01/20/26	
D53.9		Nutritional anemia unspecified		01/20/26	
D69.6		Thrombocytopenia unspecified		01/20/26	
H10.9		Unspecified conjunctivitis		01/20/26	
R73.9		Hyperglycemia unspecified		01/20/26	
I25.2		Old myocardial infarction		01/20/26	
Z79.82		Long term (current) use of aspirin		01/20/26	
Z95.5		Presence of coronary angioplasty implant and graft		01/20/26	
Z87.440		Personal history of urinary (tract) infections		01/20/26	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		01/20/26	
14. DME and Supplies: large base quad cane, rolling walker, bath bench, wheelchair, hospital bed			15. Safety Measures: fall precautions, standard precautions		
16. Nutrition: regular			17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Paralysis			18.B. Activities Permitted No Restrictions		
19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:					
20. Prognosis: good					
22. A Rehabilitation Potential: SELF-CARE: N/A, MOBILITY: N/A			22.B.Discharge Plans family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Visuospacial deficit and spatial neglect 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 a 95-year-old woman who would benefit from continued occupational therapy services to address activities of daily living (ADLs), transfers, and bilateral upper extremity strength and range of motion. She continues to demonstrate weakness in the right upper extremity and is considered a fall risk. The patient requires standby assistance for sit-to-stand and bed-to-wheelchair transfers, along with verbal cues for proper limb placement. She also requires assistance with dressing and bathing tasks. She is mobile using a wheelchair and requires minimal assistance for functional ambulation with a quad cane. Date of Order 05/19/2026 Orders Physician Face-to-Face Date: 12/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Visuospacial deficit and spatial neglect following cerebral infarction Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 4 - Recertification Notes: Patient is 95 year old woman with a recent TIA in February 2026 and past hx of cva with right sided hemiparesis can continue to benefit from continued OT services to address ADLs and function of the right upper extremity Physician Uy, Jennifer					
SN Careplans			SN Goals		
OT Careplans			OT Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/19/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Jennifer Uy 6535 N. Charles St Towson, MD 21204 PHONE: 4438492707 FAX: 14438498066 NPI: 1366862062			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 : 12/03/2025		
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 2		

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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) 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: HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion, balance deficit PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medications review , home exercise program: Bilateral upper extremity muscle strength exercises using 1 lb dumbbells and 2 lb dumbbells 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 medicatio, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, 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, Patient will demonstrate improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks		PATIENT-STATED GOAL: Patient wants to get better GOALS Patient will demonstrate improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Toileting Hygiene - 06. Independent Oral Hygiene - 05. Setup or clean-up assistance 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 medicatio Upper Body Dressing - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/19/2026