Home Health Certification and Plan of Care

Order ID: 1150/20451

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8MY3N59FR71	07/10/2026	From: 07/10/2026 To: 09/07/2026	27701	217058

6. Patient's Name and Address
Christian Omenyi
5001 Ellis Lane,
ELLICOTT CITY, MD 21043-
240-441-4300

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 11/25/1956 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
I69.322	Dysarthria following cerebral infarction	07/10/26
I69.393	Ataxia following cerebral infarction	07/10/26
R13.10	Dysphagia unspecified	07/10/26
I10.	Essential (primary) hypertension	07/10/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	07/10/26
C61.	Malignant neoplasm of prostate	07/10/26
E78.5	Hyperlipidemia unspecified	07/10/26
F33.1	Major depressive disorder recurrent moderate	07/10/26
F41.1	Generalized anxiety disorder	07/10/26
M25.561	Pain in right knee	07/10/26
M25.562	Pain in left knee	07/10/26
G47.00	Insomnia unspecified	07/10/26
E46.	Unspecified protein-calorie malnutrition	07/10/26
D84.81	Immunodeficiency due to conditions classified elsewhere	07/10/26
Z79.4	Long term (current) use of insulin	07/10/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	07/10/26
Z87.01	Personal history of pneumonia (recurrent)	07/10/26
Z99.3	Dependence on wheelchair	07/10/26
Z86.718	Personal history of other venous thrombosis and embolism	07/10/26

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

Tramadol Hcl - Tramadol Hydrochloride 50 MG Tablet by mouth every 6 hours as needed for Severe pain
SENNA 8.6 mg/tablet / Give 2 tablet by mouth two times a day for BOWEL REGIMEN
PLAVIX 75 MG / 1 Tablet by mouth one time a day for CVA PROPHYLAXIS
MIRALAX 17 GM/SCOOP / Give 1 scoop by mouth one time a day for BOWEL REGIMEN GIVE IN 6-8 OUNCES OF FLUIDS HOLD FOR LOOSE STOOL
MELATONIN 3 mg/tablet / Give 2 tablet by mouth at bedtime for INSOMNIA
LOSARTAN POTASSIUM 100 MG / 1 Tablet by mouth one time a day for HTN HOLD FOR SBP LESS THAN 110
Famotidine - Famotidine 20 MG / 1 Tablet by mouth once a day for GERD
Metformin Hcl - Metformin Hydrochloride 500 MG / 1 Tablet by mouth two times a day for DM
COLACE 100 MG / 1 Capsule by mouth two times a day for BOWEL REGIMEN HOLD FOR LOOSE STOOL
ATORVASTATIN 40 MG / 1 Tablet by mouth at bedtime for HLD
LEXAPRO 10 MG / 1 Tablet by mouth one time a day for DEPRESSION
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth one time a day for HTN HOLD FOR SBP LESS THAN 110
ACETAMINOPHEN Extended Release 650 MG tablet by mouth every 8 hours for Pain
Dulcolax - Bisacodyl Suppository 10 MG / Insert 1 suppository rectal as necessary every 24 hours for BOWEL REGIMEN
Nitroglycerin - Nitroglycerin 0.4 MG / 1 Tablet sublingual as necessary Give 3 doses 5 min a part as needed for Chest pain
Lidocaine Patch - Lidocaine 5% / Apply to right arm topical at bedtime for Pain 12hr on 12hr off and remove per schedule
Diclofenac Sodium - Diclofenac Sodium 0 External Gel 1% / Apply 4 gram to both Knees topical two times a day for PAIN

14. DME and Supplies:
walker, bath bench

15. Safety Measures:
transfer with assist, standard precautions, , ambulates with device, activity supervision, , cardiac precautions

16. Nutrition:
low sodium, pureed, cardiac diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance!Hearing!Dyspnea With Minimal Exertion

18.B. Activities Permitted
Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: Good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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

Homebound status: Due to diagnosis of Hemiplegia and hemiparesis following cerebral infarction affecting right 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 69-year-old male with a significant past medical history of cerebrovascular accident (CVA) on March 29, 2026, resulting in residual right hemiparesis, dysarthria, right-sided neglect, ataxia, impaired cognition and awareness, dysphagia requiring aspiration precautions, hypertension, type 2 diabetes mellitus, hyperlipidemia, prostate cancer currently undergoing treatment, unspecified protein-calorie malnutrition, immunodeficiency due to underlying condition, acute respiratory failure, history of aspiration pneumonia, acute embolism and thrombosis, tachycardia, muscle wasting and atrophy, major depressive disorder, generalized anxiety disorder, insomnia, chronic right shoulder pain status post rotator cuff repair in 2025, dyspnea, gait abnormalities, difficulty walking, bowel and bladder incontinence, and a personal history of transient ischemic attack. Following his CVA, the patient was hospitalized, discharged to an inpatient rehabilitation facility, subsequently transferred to a skilled nursing facility on 05/18/2026 for continued rehabilitation and dysphagia management following aspiration pneumonia, and was ultimately discharged home on 07/01/2026. The patient currently resides in a single-family home with his wife and children, with his wife serving as the primary caregiver. Upon assessment, the patient demonstrates generalized weakness with persistent right-sided weakness secondary to CVA, impaired balance, altered gait mechanics, decreased right lower extremity motor control, and residual dysarthria with mildly slowed but functional speech. Right-sided neglect is present, contributing to impaired safety awareness and increased fall risk. The patient ambulates with a walker and requires assistance for transfers, stair negotiation, and selected activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The home contains a flight of approximately 14 stairs leading to the bedroom, requiring supervision and assistance for safe negotiation. The patient is able to perform stair negotiation with the use of a handrail and verbal cueing for proper sequencing; however, mobility remains limited by weakness, impaired coordination, and reduced endurance. The patient requires minimal assistance with bed mobility, transfers, BADLs, and IADLs. He reports tingling of the right upper extremity and chronic right shoulder pain managed with a daily lidocaine patch. The patient remains motivated to return to his prior level of function and expresses a goal of resuming a regular diet once medically appropriate. Due to persistent dysphagia and failed swallow evaluation, the patient remains on a pureed diet with ongoing aspiration precautions. Skilled nursing provided comprehensive education regarding fall prevention, including consistent use of the walker during ambulation, requesting assistance with transfers, and observing stair safety precautions. Dietary education focused on adherence to a diabetic and cardiac diet, emphasizing low-carbohydrate, low-sodium, and low-fat nutritional choices. The patient was also instructed on the importance of maintaining scheduled physician appointments and adhering to prescribed medical

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sidney Nelson
1840 Reisterstown Road
Pikesville, MD 21208
PHONE: 4107307040 FAX: 18334494975 NPI: 1033152541

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 : 05/19/2026

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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recommendations. The patient verbalized understanding of all education provided. Skilled home health services remain medically necessary due to the patient's complex medical history and significant functional impairments following CVA. Skilled physical therapy is indicated to improve lower extremity strength, balance, gait quality, stair negotiation, transfer ability, endurance, safety awareness, and overall functional mobility to reduce fall risk and maximize independence within the home environment. Skilled occupational therapy is medically necessary to improve upper extremity function, ADL and IADL performance, transfer techniques, functional independence, and overall quality of life while addressing residual neurological deficits, right upper extremity sensory impairment, and safety with daily activities. Continued interdisciplinary home health intervention is warranted to promote recovery, prevent complications, and facilitate the patient's highest achievable level of functional independence while safely aging in place.
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 05/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hemiplegia and hemiparesis following cerebral infarction affecting right 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Nelson, Sidney

SN Careplans

SN WK1: 1 (07/10/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26)

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: 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; 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:SEE MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1700 - Cognition, M1720 - Anxiety, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, M1033 - Exhaustion, limited endurance, limited strength, limited range of motion, muscle weakness, swelling of affected area, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, weak hand grips, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, apply compression bandage, physician-ordered wound care, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met

SN Goals

PATIENT-STATED GOAL: "to get back outside"

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

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

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's transportation needs are met

PT Careplans

PT WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170E1 - Chair to Bed to Chair

PT Goals

PATIENT-STATED GOAL: To have a successful post stroke outcome

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/10/2026

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PROCEDURES: b LE mm strengthening: 1, home exercise program, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26) ,WK9: 1 (08/30/26-09/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing

PROCEDURES: Therapeutic activity : UE and improving hand functions, cough/deep breathing exercises, incentive spirometer, home exercise program: UE strengthening exes, equipment training, work simplification/energy conservation

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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Return to plof

GOALS
Shower/Bathe Self - 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 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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/10/2026