Home Health Certification and Plan of Care

Order ID: 1150/20564

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45101371000	07/13/2026	From: 07/13/2026 To: 09/10/2026	27465	217058

6. Patient's Name and Address
Mary Curry
9707 Liberty Road Apt 325,
Randallstown, MD 21133-
443-635-7112

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 06/10/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.334	Monoplg upr lmb fol cerebral infrc aff left nondom side	07/13/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	07/13/26
I10.	Essential (primary) hypertension	07/13/26
I49.5	Sick sinus syndrome	07/13/26
E78.5	Hyperlipidemia unspecified	07/13/26
I67.1	Cerebral aneurysm nonruptured	07/13/26
G62.9	Polyneuropathy unspecified	07/13/26
E46.	Unspecified protein-calorie malnutrition	07/13/26
G56.33	Lesion of radial nerve bilateral upper limbs	07/13/26
M62.59	Muscle wasting and atrophy NEC multiple sites	07/13/26
M54.50	Low back pain unspecified	07/13/26
D84.81	Immunodeficiency due to conditions classified elsewhere	07/13/26
R32.	Unspecified urinary incontinence	07/13/26
Z85.3	Personal history of malignant neoplasm of breast	07/13/26
Z79.01	Long term (current) use of anticoagulants	07/13/26

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

Refresh Celluvisc Ophthalmic Gel 1% / Instill 1 both eyes twice a day for DRY EYE SYNDROME
Acetaminophen - Acetaminophen 325 mg/tablet / Give 2 tablet by mouth every 8 hours as needed for Discomfort/pain Total Dose 650mg *DO NOT EXCEED 3 GRAMS per 24 HOURS*
Nifedipine Er - Nifedipine 90 MG / 1 Tablet by mouth once a day for HTN hold for SBP less than 110
Docusate Sodium - Docusate Sodium 100 MG / 1 Capsule by mouth every 12 hours as needed for BOWEL REGIMEN
Potassium Chloride - Potassium Chloride Crys ER 10 MEQ / 1 Tablet by mouth twice a day for hypokalemia with food
Pravastatin Sodium - Pravastatin Sodium 40 MG / 1 Tablet by mouth at bedtime for HLD
Warfarin Sodium - Warfarin Sodium 4 MG / 1 Tablet by mouth in the evening for DVT

14. DME and Supplies:
walker, wheelchair

15. Safety Measures:
standard precautions, fall precautions, medication safety, wheelchair precautions, walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with assistance, ambulates with device

16. Nutrition:
cardiac diet

17. Allergies:
antibiotics!PCN, AMpicillin

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Transfer bed/Chair, Wheelchair, Exercises Prescribed, Walker, 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: 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: family/caregiver will be responsible for managing treatment PT: patient will

Homebound status:
Due to diagnosis of Monoplegia of upper limb 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:
Skilled nursing admission completed for an 87-year-old female recently discharged from a skilled nursing facility and referred for home health services. Past medical history includes cerebrovascular accident with residual left-sided weakness, atrial fibrillation, hypertension, hyperlipidemia, sick sinus syndrome, nonruptured cerebral aneurysm, polyneuropathy, protein-calorie malnutrition, and breast cancer in remission. Patient is alert and oriented 3 with vital signs within normal limits. No skin issues or signs of pressure injuries noted during today's assessment. Patient ambulates with a walker and demonstrates impaired mobility related to residual left-sided weakness, placing her at increased risk for falls. She lives alone but receives regular assistance from her children, who help with daily needs and provide support as needed. Skilled nursing assessment completed, including medication reconciliation and comprehensive safety evaluation. Education provided on medication management, including adherence to prescribed medications, purpose of medications, and recognition of potential side effects. Fall prevention education included proper use of assistive devices, maintaining a clutter-free environment, wearing non-skid footwear, and changing positions slowly to reduce the risk of dizziness and falls. Patient verbalized understanding of all teaching provided. Skilled nursing services are medically necessary for ongoing assessment, disease process education, medication management, fall risk monitoring, and early identification of changes in condition to reduce the risk of hospitalization.PT eval completed. Pt is a 86 y.o. female with PMH significant for CVA with L hemiparesis, a fib, HTN, HLD, sick sinus syndrome, Polyneuropathy was recently hospitalized due to L side weakness and was found to have aneurysm in anterior communicating artery. Prior to hospitalization, pt had been ambulating with RW and supervision. At this time, pt presents with decreased strength with 2-/5 MMT in BLE and requires minA for transfers and short distance ambulation with RW, with vcs to increase trunk ext. Pt would benefit from skilled PT services to increase strength, improve balance and increase safety and independence in functional mobility in order to return to PLOF.
<span style="font-family: Calibri; font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Charles Moore
4 E Rolling Crossroads
Catonsville, MD 21228
PHONE: 4108693344 FAX: 14108693340 NPI: 1275687493

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 : 06/23/2026

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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11pt;"><o:p></o:p> Date of Order<o:p></o:p> 07/13/2026<o:p></o:p> Physician Face-to-Face Date: 06/23/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Monoplegia of upper limb following cerebral infarction affecting left non-dominant side<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 - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Moore, Charles

SN Careplans

SN WK1: 1 (06/30/26-07/04/26)

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: 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; 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)

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to regain strength

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 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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/13/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, limited range of motion, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit

PROCEDURES: teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (07/13/26-07/18/26) ,WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, 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, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, 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 - 05. Setup or clean-up 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

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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

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 - 05. Setup or clean-up 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/13/2026