Home Health Certification and Plan of Care

Order ID: 1150/20709

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32980973	07/20/2026	From: 07/20/2026 To: 09/17/2026	28149	217058

6. Patient's Name and Address
Sheena Williams
8603 Gray Fox Road Apt 102,
RANDALLSTOWN, MD 21133-
443-641-4510

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 11/05/1974 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	07/20/26

13. ICD	Other Pertinent Diagnoses	Date
I65.21	Occlusion and stenosis of right carotid artery	07/20/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/20/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/20/26
N18.32	Chronic kidney disease stage 3b	07/20/26
F41.9	Anxiety disorder unspecified	07/20/26
M76.62	Achilles tendinitis left leg	07/20/26
M72.2	Plantar fascial fibromatosis	07/20/26
G89.29	Other chronic pain	07/20/26
E78.5	Hyperlipidemia unspecified	07/20/26
Z79.4	Long term (current) use of insulin	07/20/26
Z79.82	Long term (current) use of aspirin	07/20/26
Z91.81	History of falling	07/20/26

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

ELAVIL 100 MG tablet by mouth nightly
Bayer Aspirin - Aspirin 325 MG tablet by mouth in the morning
Cardizem Cd - Diltiazem Hydrochloride 120 MG / 1 Capsule by mouth once a day
TRICOR 48 MG / 1 Tablet by mouth once a day
PROZAC 20 MG / 1 Capsule by mouth once a day
LASIX 40 MG / 1 Tablet by mouth EVERY DAY
CONSTULOSE 200 gram/300 mL solution / Take 15 milliliters by mouth as necessary once a day
COZAAR 100 MG / 1 Tablet by mouth EVERY DAY
TOPROL-XL 100 MG / 1 Tablet by mouth EVERY DAY
Klor-Con - Potassium Chloride 20 MEQ / 1 Tablet by mouth EVERY DAY
ZOCOR 80 MG / 1 Tablet by mouth in the evening
VALTREX 500 MG / 1 Tablet by mouth 2x/day for 5 days - per outbreak
Humulin R - Insulin Recombinant Human U-500, 500 unit/mL solution / Inject 8-10 units subcutaneous in the morning before breakfast and before dinner using a U100 syringe. This means that she is actually giving herself 40-50 units before breakfast and 25 units before dinner.
Humulin R Kwikpen - Insulin Human U-500, 500 unit/mL (3mL) / Inject 40 units subcutaneous in the morning before breakfast each day.

14. DME and Supplies:
wheelchair, 4 wheeled walker, walker

15. Safety Measures:
bathroom safety, activity supervision, standard precautions, hand rails, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

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: 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 51-year-old female with a past medical history significant for prior cerebrovascular accident (CVA) with residual right-sided weakness, recurrent falls, unsteady gait, type 2 diabetes mellitus requiring insulin therapy, hypertension, chronic kidney disease stage 3b, carotid artery disease, chronic pain, and obesity. The patient was referred for a skilled home health physical therapy evaluation due to frequent falls, progressive gait instability, generalized weakness, and functional decline. Evaluation revealed significant bilateral lower extremity weakness, impaired balance, altered gait mechanics, decreased endurance, and impaired safety awareness, resulting in difficulty performing bed mobility, functional transfers, and safe household ambulation. The patient requires the use of a walker and caregiver assistance for mobility and demonstrates an increased risk for falls and injury due to persistent gait instability and functional impairments. Skilled physical therapy is medically necessary to address the patient's deficits through individualized therapeutic exercise, lower extremity strengthening, balance retraining, gait training, transfer training, endurance conditioning, and functional mobility interventions. Education was provided to the patient and caregiver regarding fall prevention strategies, safe use of the walker, home safety, energy conservation, and techniques to improve functional mobility. The plan is to continue skilled home health physical therapy to maximize strength, improve balance and gait, increase functional independence, reduce fall risk, and prevent further functional decline and potential hospitalization.
 Date of Order 07/20/2026 Orders Physician Face-to-Face Date: 06/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat 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 - PT Notes: soc
 Physician France, CRNP, Tiffanie

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Tiffanie France, CRNP
301 St Paul Place
Baltimore, MD 21202
PHONE: 1-410-332-9680 FAX: 14103329669 NPI: 1174199285

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 : 06/01/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20709

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32980973	07/20/2026	From: 07/20/2026 To: 09/17/2026	28149	217058

6. Patient's Name and Address
Sheena Williams
8603 Gray Fox Road Apt 102,
RANDALLSTOWN, MD 21133-
443-641-4510

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

PT Careplans

PT WK1: 1 (07/20/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26)

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: 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170M1 - 1 - Step (curb), GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited strength, balance deficit

PROCEDURES: B LE mm strengthening: 1, B LE mm strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and

PT Goals

PATIENT-STATED GOAL: To get stronger so I can walk better at home

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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
* 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

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 - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up 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 - 06. Independent

Signature of Physician:

Date

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

Date
07/20/2026

Home Health Certification and Plan of Care

Order ID: 1150/20709

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32980973	07/20/2026	From: 07/20/2026 To: 09/17/2026	28149	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sheena Williams 8603 Gray Fox Road Apt 102, RANDALLSTOWN, MD 21133- 443-641-4510	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day., gait training/stair training, transfers training

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up 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 - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/20/2026