

Home Health Certification and Plan of Care				Order ID: 1150/20728	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00023166		07/21/2026		From: 07/21/2026 To: 09/18/2026	
				4. Medical Record No.	
				28063	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Neil Rifkin			HomeCentris Healthcare LLC		
2020 Featherbed Ln Apt 102,			10 Crossroads Drive, Suite 102		
GWYNN OAK, MD 21207-			Owings Mills, MD 21117-8284		
443-760-2101			410-321-8448		
			1487113239		
8. DOB			9. Sex		
08/24/1950			Male		
11. ICD		Principal Diagnosis		Date	
I69.354		Hemiplga following cerebral infrc affecting left nondom side		07/21/26	
13. ICD		Other Pertinent Diagnoses		Date	
I69.391		Dysphagia following cerebral infarction		07/21/26	
I69.322		Dysarthria following cerebral infarction		07/21/26	
L89.151		Pressure ulcer of sacral region stage 1		07/21/26	
L89.611		Pressure ulcer of right heel stage 1		07/21/26	
L89.621		Pressure ulcer of left heel stage 1		07/21/26	
E11.65		Type 2 diabetes mellitus with hyperglycemia		07/21/26	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unspr chr kdny		07/21/26	
N18.32		Chronic kidney disease stage 3b		07/21/26	
N17.9		Acute kidney failure unspecified		07/21/26	
E11.42		Type 2 diabetes mellitus with diabetic polyneuropathy		07/21/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		07/21/26	
I25.2		Old myocardial infarction		07/21/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		07/21/26	
G89.4		Chronic pain syndrome		07/21/26	
M25.512		Pain in left shoulder		07/21/26	
F33.1		Major depressive disorder recurrent moderate		07/21/26	
E78.5		Hyperlipidemia unspecified		07/21/26	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		07/21/26	
E55.9		Vitamin D deficiency unspecified		07/21/26	
Z87.891		Personal history of nicotine dependence		07/21/26	
Z79.82		Long term (current) use of aspirin		07/21/26	
Z79.4		Long term (current) use of insulin		07/21/26	
Z79.891		Long term (current) use of opiate analgesic		07/21/26	
Z60.2		Problems related to living alone		07/21/26	
Z91.81		History of falling		07/21/26	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, walker, 4 wheeled walker			walker precautions, non-slip surface in tub, medication safety, diabetic precautions, fall precautions, , ambulates with device, ambulates with assistance, aspiration precautions, , standard precautions, , anticoagulant precautions, bathroom safety		
16. Nutrition:			17. Allergies:		
low sodium, soft			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Walker,		
19. Mental & Pyschosocial Status:			COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes		
20. Prognosis:			Good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			SN and PT: patient will be responsible for managing treatment OT: family/careg		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/21/2026					
24. Physician's Name and Address			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.		
Christian Gragasin			F2F date : 07/09/2026		
900 S Caton Ave					
Baltimore, MD 21229					
PHONE: 4103692000 FAX: 14103692008 NPI: 1902438062					
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 4		

Homebound status: Due to diagnosis of Hemiplegia 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

SN Careplans SN WK1: 1 (07/21/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK4: 1 (08/09/26-08/15/26) ,WK7: 1 (08/30/26-09/05/26) ,WK9: 1 (09/13/26-09/15/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications STANDING ORDERS: infection control: hygiene, proper hand washing; fall precautions: wear sensible	SN Goals PATIENT-STATED GOAL: I would like to be able to walk to the 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
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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 ; 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. No surgeryunable to remove; advance directive: plan if patient is unable to make healthcare decisionsPatient is DNR/DNI Advance Directive:see MOLST PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, meal preparation, D0700 - Social Isolation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, constipation, frequent urination, limited endurance, swelling of affected area, muscle weakness, extremity burn/tingle/numb, balance deficit, tooth pain/decay/sensitivity, loss of appetite, discolored patches of skin PROCEDURES: cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, coordinate/arrange long-term socialization activities TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * proper feeding techniques to prevent choking and aspiration, 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, family/significant others accept the reality of the loss acknowledge the death and its finality actively and successfully process the pain of grief develop effective coping skills develop successful goals for adjusting to lif, * oral care strategies to achieve optimum nutrition control oral pain/discomfort range of motion exercises to optimize jaw mobility, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, meal preparation is available to patient for all meals			* 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals patient/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * recalls related medication(s) purpose, schedule patient/caregiver recalls * proper feeding techniques to prevent choking and aspiration * recalls related medication(s) purpose, schedule family/significant others * accept the reality of the loss * acknowledge the death and its finality * actively and successfully process the pain of grief * develop effective coping skills * develop successful goals for adjusting to lif patient/caregiver recalls * oral care * strategies to achieve optimum nutrition * control oral pain/discomfort * range of motion exercises to optimize jaw mobility patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule		
PT Careplans			PT Goals		
PT WK1: 1 (07/21/26-07/25/26) ,WK3: 1 (08/02/26-08/08/26) ,WK5: 1 (08/16/26-08/22/26) ,WK7: 1 (08/30/26-09/05/26) ,WK9: 1 (09/13/26-09/15/26)			PATIENT-STATED GOAL: To be able to walk without help		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface			GOALS		
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, gait training/stair training, transfers training			Sit to Stand - .05. Setup or clean-up assistance		
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, Walk 150 Feet - .04. Supervision or touching assistance, Picking Up Object - .04. Supervision or touching assistance, Car Transfer - .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		
			Walk 150 Feet - .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		
Signature of Physician:			Date		
			PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			07/21/2026		

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Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance				
OT Careplans OT WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating PROCEDURES: ADL training: ADL training and fasteners, home exercise program: HEP to increase endurance with 2lb weights, L grip strenght, and coordination., equipment training, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching 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		OT Goals PATIENT-STATED GOAL: Be independent as I was before and be able to put shirt and do buttons GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 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 Sit to Stand - 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching 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 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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