Home Health Certification and Plan of Care

Order ID: 1150/20753

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30994871380	07/22/2026	From: 07/22/2026 To: 09/19/2026	28294	217058

6. Patient's Name and Address

Dorothy Lawrence
4642 Coleherne,
BALTIMORE, MD 21229-
410-501-4774

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 05/26/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	07/22/26

13. ICD	Other Pertinent Diagnoses	Date
G70.00	Myasthenia gravis without (acute) exacerbation	07/22/26
E78.019	Familial hypercholesterolemia	07/22/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	07/22/26
I50.9	Heart failure unspecified	07/22/26
N18.31	Chronic kidney disease stage 3a	07/22/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/22/26
I48.91	Unspecified atrial fibrillation	07/22/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/22/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/22/26
R42.	Dizziness and giddiness	07/22/26
Z95.5	Presence of coronary angioplasty implant and graft	07/22/26
Z90.49	Acquired absence of other specified parts of digestive tract	07/22/26
Z91.81	History of falling	07/22/26

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

Hydrocodone Apap - Acetaminophen: Hydrocodone Bitartrate 5-325 by mouth every 8 hours
Trelegy Ellipta Powder for Inhalation 100 mcg-62.5 mcg-25 mcg / Inhale 1 puff(s) inhalant once a day
ALBUTEROL 90 mcg/actuation aerosol inhaler / Inhale 1 puff(s) inhalation every 4-6 hours
ATORVASTATIN 80 MG / 1 Tablet oral 1 time per day
AZATHIOPRINE 50 MG / 1 Tablet oral 2 times per day
FAMOTIDINE 20 MG / 1 Tablet oral every other day
Isosorbide Mononitrate - Isosorbide Mononitrate Extended Release 30 MG / 1 Tablet oral 1 time per day
SENNA 8.6 mg/tablet / Take 2 tablet(s) oral 1 time per day
LOSARTAN POTASSIUM 50 MG / 1 Tablet oral 1 time per day
FUROSEMIDE 20 MG / 1 Tablet oral once a day
GABAPENTIN 100 MG / 1 Tablet oral 1 time per day
Docusate Sodium - Docusate Sodium 100 MG / 1 Capsule oral 2 times per day
AMLODIPINE 10 MG / 1 Tablet oral 1 time per day
MECLIZINE 25 MG / 1 Tablet oral 3 times per day
NITROGLYCERIN 0.4 MG / 1 Tablet sublingual as necessary for chest pain

14. DME and Supplies:

bath bench, cane, 4 wheeled walker

15. Safety Measures:

transfer with assist, hand rails, fall precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, smoke detectors , bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin codeine

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Walker, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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

patient 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:

Patient is an 88-year-old female admitted to home health physical therapy following a referral from Dr. James Tansinde due to recent falls, chronic low back pain, and sciatic pain. Start of care/admission was completed, informed consents were obtained, medication reconciliation was performed, and the patient handbook was reviewed. A comprehensive home safety assessment was completed, and the physical therapy plan of care was discussed and developed with the patient/caregiver, who verbalized agreement. The referring physician was notified that the admission had been completed. The patient lives alone in a two-story home with two steps to enter through the front entrance and 13 steps leading to the second-floor bedroom and bathroom. She ambulates independently within the home without an assistive device but uses a cane when leaving the home for appointments. She also owns a walker, although the frequency of its use is unclear. The patient reports one fall within the past two months and several falls over the past year. She is currently taking Meclizine for occasional dizziness, which she believes contributed to her falls, and reports improvement in her symptoms since initiating the medication. Physical therapy evaluation revealed low back and sciatic pain, decreased bilateral lower extremity strength, impaired functional mobility, difficulty negotiating stairs, unsteady gait, impaired transfers, decreased balance, decreased safety awareness, and a history of recurrent falls, placing the patient at increased risk for future falls, functional decline, and loss of independence. During the visit, the patient received instruction in safe transfer techniques, including proper hand and foot placement, forward weight shifting, and reaching back to the chair prior to sitting. She required standby assistance to safely complete transfers. The patient was also instructed in and performed seated therapeutic exercises, including hip flexion, long arc quadriceps, hip abduction, and pillow squeezes. A written home exercise program was provided with instructions to complete the exercises twice daily. Extensive education was provided regarding home safety, fall prevention strategies, risk factors for falls, and environmental modifications to reduce fall risk, consistent with the patient handbook. The patient was instructed on the importance of daily ambulation to improve circulation and prevent complications associated with inactivity. She was encouraged to begin a walking program consisting of short walks every 1-2 hours within the home, progressing from 3-5-minute longer walks as tolerated. Pain was reported to be well controlled with the current medication regimen. Education was provided regarding effective pain management, including taking pain medication at the onset of pain, recognizing potential side effects such as dizziness and constipation, and seeking emergency medical attention or contacting the healthcare provider for chest pain, unrelieved pain, or shortness of breath. The patient was also advised to take pain medication approximately one hour prior to physical therapy visits to optimize participation. The patient demonstrated understanding of all education provided through the teach-back method. The patient is considered homebound due to her high fall risk and history of recurrent falls, requiring human assistance and the use of a cane or walker to safely leave the home. Skilled home health physical therapy is medically necessary to improve lower extremity strength, balance, gait, transfers, stair negotiation, safety awareness, and overall functional mobility in order to reduce fall risk, maximize independence, and safely restore the patient to her highest attainable level of function within the home environment. The physical therapy plan of care is scheduled to begin on 07/22/2026 with the ordered visit frequency, and all future visits are to be assigned to Susan Rowan, PT.
 Date of Order 07/22/2026 Orders Physician Face-to-Face Date: 07/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side Homebound

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Tansinda
726 Maiden Choice
Catonsville, MD 21228
PHONE: 14107441101 FAX: 14107441186 NPI: 1184690141

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 : 07/06/2026

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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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 Tansinda, James

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/22/26-07/25/26) ,WK2: 2 (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) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/19/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170J1 - Walk 50 ft with 2 Turns, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb),

PT Goals

PATIENT-STATED GOAL: I want to get stronger so I can go in my yard and do stuff

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* 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
* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Oral Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/22/2026

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GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, muscle weakness, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply heat to low back x 20 minutes with necessary barrier and skin assessments q 5 minutes., work simplification/energy conservation, dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention: NA

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, * 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 increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 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

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	07/22/2026