

Home Health Certification and Plan of Care				Order ID: 1150/20904	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
35170560		07/28/2026		From: 07/28/2026 To: 09/25/2026	
4. Medical Record No.		5. Provider No.			
28332		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Teresa Ralph 1606 Ramblewood Rd, BALTIMORE, MD 21239- 410-978-9565			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

8. DOB 04/05/1960			9. Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged								
11. ICD			Principal Diagnosis			Date			TYLENOL 325 mg/tablet / Take 2 tablets by mouth every 6 (six) hours as needed for pain. NORVASC 10 MG / 1 Tablet by mouth nightly. LIPITOR 80 MG / 1 Tablet by mouth NIGHTLY SYNTHROID 100 MCG / 1 Tablet by mouth daily. PRINIVIL 20 mg/tablet / Take 2 tablets by mouth daily. ZOLOFT 100 MG / 1 Tablet by mouth EVERY NIGHT Proventil-Hfa - Albuterol Sulfate 90 mcg/actuation inhaler / INHALE 2 PUFFS by mouth every 6 hours as needed for wheezing DRISDOL 1,250 mcg (50,000 unit) / 1 Capsule by mouth once a week. AMBIEN 5 mg 1 Tablet by mouth nightly as needed for sleep.					
I69.351			Hemiplga following cerebral infrc aff right dominant side			07/28/26								
13. ICD			Other Pertinent Diagnoses			Date								
I69.322			Dysarthria following cerebral infarction			07/28/26								
I69.318			Other symptoms and signs w cogn fnctns fol cerebral infrc			07/28/26								
I10.			Essential (primary) hypertension			07/28/26								
F41.1			Generalized anxiety disorder			07/28/26								
F32.A			Depression unspecified			07/28/26								
E11.36			Type 2 diabetes mellitus with diabetic cataract			07/28/26								
H25.13			Age-related nuclear cataract bilateral			07/28/26								
E78.5			Hyperlipidemia unspecified			07/28/26								
E03.9			Hypothyroidism unspecified			07/28/26								
G47.00			Insomnia unspecified			07/28/26								
E55.9			Vitamin D deficiency unspecified			07/28/26								
F17.210			Nicotine dependence cigarettes uncomplicated			07/28/26								
M19.90			Unspecified osteoarthritis unspecified site			07/28/26								
G56.00			Carpal tunnel syndrome unspecified upper limb			07/28/26								
H52.03			Hypermetropia bilateral			07/28/26								
E66.01			Morbid (severe) obesity due to excess calories			07/28/26								
Z79.01			Long term (current) use of anticoagulants			07/28/26								
Z79.82			Long term (current) use of aspirin			07/28/26								
Z79.4			Long term (current) use of insulin			07/28/26								
Z79.890			Hormone replacement therapy			07/28/26								
14. DME and Supplies:						15. Safety Measures:								
bath bench, , rolling walker, grab bars, 4 wheeled walker, walker, hand held shower						transfer with assist, ambulates with assistance, medical alert/lifeline, walker precautions, activity supervision, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, hand rails, medication safety, standard precautions, fall precautions								
16. Nutrition:						17. Allergies:								
cardiac diet, diabetic						aspirin								
18.A. Functional Limitations						18.B. Activities Permitted								
Bowel/Bladder Incontinence, Endurance, Ambulation						Transfer bed/Chair, Walker, Exercises Prescribed, 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: 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: family/caregiver will be responsible for managing treatment PT and OT: pat								

Homebound status: Due to diagnosis of Hemiplegia 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

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/28/2026			
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.	
Clara Anizoba 6535 N Charles St Baltimore, MD 21204 PHONE: 4438492397 FAX: 14438492398 NPI: 1902083512		F2F date : 07/16/2026	
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.	
		PAGE 1 of 4	

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SN Careplans SN WK1: 1 (07/28/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/20/26) 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: 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 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	SN Goals PATIENT-STATED GOAL: Patient stated she wants to feel like herself again 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 * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids 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,
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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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength, balance deficit, Pain Interference with ADLs, 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 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, * 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		treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule 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		
PT Careplans		PT Goals		
PT WK1: 1 (07/28/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26)		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 Sit to Stand - 05. Setup or clean-up assistance		
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		Chair to Bed to Chair - 05. Setup or clean-up assistance		
TEACH PATIENT/CAREGIVER: 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 - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 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		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		
		1 - Step (curb) - 04. Supervision or touching assistance		
		4 Steps - 04. Supervision or touching assistance		
		12 Steps - 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		
OT Careplans		OT Goals		
Signature of Physician:		Date		
		PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		07/28/2026		

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			1487113239		
OT WK1: 3 (07/23/26-07/25/26) ,WK2: 3 (07/26/26-08/01/26)			PATIENT-STATED GOAL: I ant to cook for myself		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, 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			GOALS		
PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT			Chair to Bed to Chair - 06. Independent		
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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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		
			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		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			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		
			1 - Step (curb) - 04. Supervision or touching assistance		
			4 Steps - 04. Supervision or touching assistance		
			12 Steps - 04. Supervision or touching assistance		
			Picking Up Object - 04. Supervision or touching assistance		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 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 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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