Home Health Certification and Plan of Care

Order ID: 1150/20485

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6KM4J64MJ75	07/10/2026	From: 07/10/2026 To: 09/07/2026	27720	217058

6. Patient's Name and Address

Robert Rice
3659 Forest Hill Road,
Baltimore, MD 21207
410-265-5709

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 10/01/1935 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.398	Other sequelae of cerebral infarction	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
R26.9	Unspecified abnormalities of gait and mobility	07/10/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/10/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/10/26
N18.9	Chronic kidney disease u	07/10/26
I48.91	Unspecified atrial fibrillation	07/10/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/10/26
E78.5	Hyperlipidemia unspecified	07/10/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/10/26
R13.10	Dysphagia unspecified	07/10/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	07/10/26
Z79.4	Long term (current) use of insulin	07/10/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/10/26
Z95.818	Presence of other cardiac implants and grafts	07/10/26
Z95.2	Presence of prosthetic heart valve	07/10/26
Z95.1	Presence of aortocoronary bypass graft	07/10/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	07/10/26
Z85.818	Prsnl hx of malig neoplm of site of lip oral cav & pharynx	07/10/26
Z91.81	History of falling	07/10/26

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

BRIMONIDINE TARTRATE Ophthalmic Solution 0.1% / 1 gtt both eyes BID
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) / 1 Tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG (1000 UT) / 1 Tablet by mouth once a day
Daily Multiple for Men 50+ 1 Tablet by mouth once a day
AMLODIPINE 10 MG / 1 Tablet PO QDay HTN
ATORVASTATIN 40 mg/tablet / Take 2 tablet (80 mg total) PO QDay Cholesterol
Pantoprazole - Pantoprazole Sodium EC 40 MG / 1 Tablet PO QDay
PLAVIX 75 MG / 1 Tablet PO QDay
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule PO QDay
COSOPT Ophthalmic Solution 2%-0.5% / 1 gtt right eye BID
HUMALOG 100 units/ml 4 units before meals subcutaneous use as directed with insulin pump max dose 75 units
Ozempic 2 mg/ 3 ml Subcutaneous Solution (0.25 mg or 0.5 mg dose) / 0.5 mg subcutaneous once a week

14. DME and Supplies:

bath bench, diabetic supplies, walker

15. Safety Measures:

ambulates with device, medical alert/lifeline, sharps precautions, bathroom safety, diabetic precautions, fall precautions, medication safety, walker precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

NKA No Known Medication Allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other sequelae of cerebral infarction, 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 90-year-old male who was referred to home health services following hospitalization at an acute care facility and a subsequent stay in a skilled nursing facility after sustaining an acute right cerebral hemisphere cerebrovascular accident (CVA). According to the patient's history, he experienced vomiting and diarrhea prior to the event, and his family heard him fall while walking to the bathroom. Emergency Medical Services transported him to the hospital, where diagnostic evaluation confirmed an acute infarct involving the right cerebral hemisphere. His past medical history is significant for coronary artery disease (CAD), status post coronary artery bypass graft (CABG), transcatheter aortic valve replacement (TAVR), atrial fibrillation, hypertension, hyperlipidemia, and right mandibular gingival cancer. The patient resides at home with his spouse, who provides daily assistance and support. Upon the Skilled Nursing assessment, the patient and his spouse were observed sitting on the porch upon arrival. The patient ambulated into the home using a front-wheeled walker. He was alert and oriented to person, place, time, and situation (A&O 4) and denied pain. The patient demonstrated the ability to ambulate with a walker but continues to require ongoing monitoring due to recent cerebrovascular accident, generalized weakness, and an increased risk for falls. Skilled Nursing services are medically necessary to assess neurological and cardiovascular status, monitor for complications related to the recent CVA and chronic comorbidities, reinforce medication adherence, provide education regarding stroke prevention, hypertension and atrial fibrillation management, fall prevention strategies, home safety, and recognition of signs and symptoms requiring immediate medical attention. A Physical Therapy evaluation was completed and revealed a decline in functional mobility compared to the patient's prior level of function. Prior to hospitalization, the patient ambulated with occasional use of a single-point cane and was modified independent with mobility. At the time of evaluation, he demonstrated generalized bilateral lower extremity weakness with muscle strength graded at 3-/5 on manual muscle testing. The patient requires minimal assistance for transfers and short-distance ambulation using a rolling walker and requires verbal cues to maintain upright trunk extension during gait. These deficits place him at increased risk for falls and limit his ability to safely perform functional mobility tasks independently. Skilled Physical Therapy is medically necessary to improve lower extremity strength, balance, posture, gait mechanics, transfer ability, endurance, and overall functional mobility with the goal of maximizing safety, restoring independence, and returning the patient to his prior level of function. The interdisciplinary plan of care includes ongoing Skilled Nursing and Physical Therapy services with continued patient and caregiver education, close monitoring of clinical status, and coordination of care to promote recovery, prevent complications, and reduce the risk of rehospitalization. <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Michaelle Halaby Holmes
1838 Greene Tree Rd
Pikesville, MD 21208
PHONE: 4434710469 FAX: 14105841883 NPI: 1932105137

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 : 07/01/2026

27. Attending Physician's Signature and Date Signed **08/05/2026**: 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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style="font-size: 14px;">
 Date of Order 07/10/2026 Orders Physician Face-to-Face Date: 07/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Other sequelae of cerebral infarction 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 - SN Notes: soc PT Eval Notes:
 Physician Halaby Holmes, Michaelle

SN Careplans

SN WK1: 1 (07/10/26-07/11/26) ,WK2: 2 (07/12/26-07/18/26) ,WK3: 2 (07/19/26-07/25/26)

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, blood sugar < 60 > 300

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, dependent edema, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, balance deficit, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want my independence back."

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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/10/2026

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PT WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK5: 1 (08/02/26-08/08/26) ,WK7: 1 (08/16/26-08/22/26)

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, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, 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

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

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

Signature of Physician:

Date

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

Date
07/10/2026