Home Health Certification and Plan of Care

Order ID: 1150/21246

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42300030600	08/11/2026	From: 08/11/2026 To: 10/09/2026	28892	217058

6. Patient's Name and Address

Maggie Pulley
3402 Round Rd,
BROOKLYN, MD 21225-
410-565-2981

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 04/21/1959 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.334	Monoplg upr lmb fol cerebral infrc aff left nondom side	08/11/26

13. ICD	Other Pertinent Diagnoses	Date
R20.2	Paresthesia of skin	08/11/26
I10.	Essential (primary) hypertension	08/11/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/11/26
E78.5	Hyperlipidemia unspecified	08/11/26
F41.9	Anxiety disorder unspecified	08/11/26
F32.A	Depression unspecified	08/11/26
R56.9	Unspecified convulsions	08/11/26
F11.20	Opioid dependence uncomplicated	08/11/26
Z79.82	Long term (current) use of aspirin	08/11/26

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

NALOXONE 4 MG spray Alternating nostrils every 2 minutes as needed for sign of opioid overdose May be repeated every two (2) to three (3) minutes for unresponsiveness or difficulty breathing, until individual is breathing (respiratory rate greater than 10)/meets emergency medical response protocol (e.g.,call911)and transfer to the hospital
FLUTICASONE 1 inhalation in each nostril two times a day for Nasal congestion
ALBUTEROL 2 puff inhale orally every 4 hours as needed for wheezing
Umeclidinium-Vilanterol Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT 1 inhalation inhale orally one time a day for Asthma
ACETAMINOPHEN 500 MG tablet mouth three times a day for Pain
AMLODIPINE 10 MG tablet mouth one time a day for Hypertension hold for sbp less than 110 or HR less than 60
ASPIRIN 1 tablet mouth one time a day for CVA PFX
ATORVASTATIN 40 MG tablet mouth at bedtime for HLD
BENZONATATE 100 MG capsule mouth three times a day for Cough
GABAPENTIN 100 MG tablet mouth two times a day for Neuropathic pain of left arm
METHADONE 10 MG mg mouth one time a day for Opioid dependence
MIRALAX 17 gram mouth one time a day for Bowel regimen Mix in 4 to 8 ounces of fluid non-carbonated beverage
PANTOPRAZOLE 40 MG tablet mouth in the morning for GERD
SENNA 8.6 MG tablet mouth one time a day for Bowel regimen
AMMONIUM CHLORIDE 0.9% IN NORMAL SALINE 1 applicatiorful rectally as needed for constipation
DICLOFENAC 2 gram topically four times a day Apply to Left chest wall for Pain
LIDOCAINE 5 % topically one time a day Apply to left arm for Pain and remove per schedule

14. DME and Supplies:

walker, rolling walker, nebulizer, hand held shower, grab bars, 4 wheeled walker

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, anticoagulant precautions, cardiac precautions, hand rails, supervision at all times, transfer with assist, bleeding precautions, walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, avoid temperature extremes, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

regular

17. Allergies:

morphine motrin peach tomatoes

18.A. Functional Limitations

Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, 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: 0. Never, SOCIAL ISOLATION: 1. Rarely, 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

SN: patient will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Monoplegia of upper limb 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.

Clinical Condition Requiring Homecare:

The patient is a 67-year-old female who recently experienced a hypertensive crisis and was subsequently evaluated for possible cerebrovascular event. Initial documentation indicated a stroke diagnosis; however, hospital imaging included a CT scan showing no acute intracranial abnormality of the head or neck and an MRI that was negative for acute stroke, with the patient admitted for further evaluation and to rule out CVA. Past medical history is significant for hypertension, hyperlipidemia, COPD, asthma, anxiety disorder, depression, and reported opioid use treated with methadone. The patient is alert and oriented 4 and denies current chest pain, headache, nausea, or vomiting. Respiratory assessment reveals clear lung sounds bilaterally. She is able to void without difficulty but reports urinary frequency and uses an adult brief for prevention of accidents. Abdomen is flat with normoactive bowel sounds, and last bowel movement was reported yesterday. +1 bilateral lower-extremity edema is present, with pedal pulses palpable. The patient also reports dizziness, intermittent left upper-extremity/hand weakness and pain, and, per OT documentation, blurred vision and difficulty seeing with the right eye and reading small print. The patient resides with her daughter and granddaughter, who provide assistance with meals and household needs. Documentation varies regarding the residence, with the patient reported as living in either a one-level or two-level apartment; she primarily remains on the main level and sleeps on a blow-up mattress in the living room. A ramp is available for home entry, and she avoids the second level. Her son provides transportation as needed. The patient is ambulatory within the home using a rollator but requires supervision or contact-guard assistance for bathing, dressing, and functional ambulation and minimal assistance for IADLs, including folding clothes, organizing the home, and light meal preparation. She reports one fall within the past two months and approximately 10 falls over the past year, stating that her left leg intermittently gives way, resulting in falls. Current functional deficits include decreased bilateral lower-extremity strength, left upper-extremity and hand weakness, impaired coordination and grip/dexterity, decreased functional mobility, difficulty with transfers, unsteady gait, impaired dynamic standing balance, reduced activity and standing tolerance, decreased safety awareness, and increased fall risk. The patient demonstrates a need for continued skilled home health PT and OT services to address identified

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jane choi
1501 Division St
Baltimore, MD 21217
PHONE: 4103838300 FAX: 14103833160 NPI: 1225879083

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 : 08/03/2026

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: 1150/21246

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42300030600	08/11/2026	From: 08/11/2026 To: 10/09/2026	28892	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Maggie Pulley 3402 Round Rd, BROOKLYN, MD 21225- 410-565-2981	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

deficits and promote safe functional independence in the home. Skilled PT is indicated to improve bilateral lower-extremity strength, balance, transfers, gait, functional mobility, safety awareness, and safe navigation of steps and other environmental barriers. PT is planned at a frequency beginning 08/12/2026 of 1 visit for 1 week, 2 visits per week for 2 weeks, followed by 1 visit per week for 4 weeks, with visits planned primarily on Mondays and Wednesdays initially and Mondays thereafter. Skilled OT is indicated to address upper-extremity weakness, left hand grip and dexterity, coordination, visual complaints affecting function, activity and standing tolerance, and performance of BADLs and light IADLs, with the goal of maximizing independence and safety. The patient is considered homebound due to generalized weakness, impaired balance and mobility, history of falls, and need for a two-handed assistive device and assistance to safely leave the home. Without continued skilled therapy, the patient remains at increased risk for falls, further functional decline, injury, and loss of independence. The patient is in agreement with the established plan of care. Ongoing skilled nursing and therapy services should continue to monitor cardiopulmonary and neurological status, functional progression, edema, urinary symptoms, medication management, fall risk, and safety, with continued reinforcement of fall-prevention strategies, safe use of the rollator, appropriate assistance during transfers and ambulation, and adherence to the prescribed plan of care.
 Date of Order 08/11/2026 Orders Physician Face-to-Face Date: 08/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Monoplegia of upper limb following cerebral infarction affecting left non-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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Choi, Jane

SN Careplans

SN WK1: 2 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, M1033 - Exhaustion, dependent edema, abnormal blood pressure, constipation, heartburn/indigestion, M1610 - Urinary Incontinence, frequent urination, limited range of motion (MS), limited endurance (MS), limited strength, muscle weakness, daytime fatigue (NR), Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, weak hand grips, difficulty sleeping, loss of appetite

PROCEDURES: cough/deep breathing exercises, physician-ordered wound care, bladder training, teach/coordinate/arrange medication packaging and/or administration, 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

SN Goals

PATIENT-STATED GOAL: Help me get back on myfeet

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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/21246

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42300030600	08/11/2026	From: 08/11/2026 To: 10/09/2026	28892	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Maggie Pulley 3402 Round Rd, BROOKLYN, MD 21225- 410-565-2981	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (08/11/26-08/15/26) ,WK2: 2 (08/16/26-08/22/26) ,WK3: 2 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170G1 - Car 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170E1 - Chair to Bed to Chair

PROCEDURES: 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 ice to left ue x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training: Walker, 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/stair training, transfers training, assist with fall prevention: Teach falls risk reduction strategies

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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

PT Goals

PATIENT-STATED GOAL: I want to get my arm better and to stop falling

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

OT Careplans

OT WK1: 1 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: UE strengthening exes and deep breaths, equipment training, work simplification/energy conservation

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, 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

OT Goals

PATIENT-STATED GOAL: not drop things from left hand

GOALS
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

Oral Hygiene - 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	08/11/2026