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	4. Medical Record No.	5. Provider No.
AA00023166	07/21/2026	From: 07/21/2026 To: 09/18/2026	28063	217058

6. Patient's Name and Address

Neil Rifkin
2020 Featherbed Ln Apt 102,
GWYNN OAK, MD 21207-
443-760-2101

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 08/24/1950 | **9.Sex** 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/unsp 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

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

ACETAMINOPHEN Oral Solution 160 MG/5ML / Give 20.3 ml by mouth every 6 hours as needed for mild pain 1-3 pain rating
ATORVASTATIN 80 MG / 1 Tablet by mouth at bedtime for high cholesterolemia
OMEPRAZOLE Delayed Release 40 MG / 1 Capsule by mouth in the morning for GERD
Sertraline Hcl - Sertraline Hydrochloride 100 MG / 1 Tablet by mouth one time a day for depression
Jardiance - Empagliflozin 10mg 1 tab by mouth once a day
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mcg by mouth once a day Take 1
Doxy-Sleep-Aid - Doxylamine Succinate 25 mg 1 tablet by mouth at bedtime PRN

14. DME and Supplies:

rolling walker, walker, 4 wheeled walker

15. Safety Measures:

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:

low sodium, soft

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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:

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 and PT: patient will be responsible for managing treatment OT: family/careg

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Christian Gragasin
900 S Caton Ave
Baltimore, MD 21229
PHONE: 4103692000 FAX: 14103692008 NPI: 1902438062

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 : 07/09/2026

27. Attending Physician's Signature and Date Signed **08/17/2026**: 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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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

Clinical Condition Requiring Homecare:

The patient is a 75-year-old male admitted to home health services following hospitalization and rehabilitation due to a recent cerebrovascular accident (CVA) and fall. His past medical history is significant for CVA with residual deficits, coronary artery disease (CAD), myocardial infarction, hypertension, diabetes mellitus type 2, chronic kidney disease, benign prostatic hyperplasia (BPH), and depression. The patient is alert and oriented 4, cooperative with assessment, and able to communicate needs appropriately; however, he presents with a sad affect consistent with depressive symptoms. He is considered homebound due to impaired strength, balance, endurance, and functional mobility related to his medical conditions, requiring the use of a walker and assistance from another person to safely leave the home. Leaving the home requires a considerable and taxing effort due to his mobility limitations and increased fall risk. Assessment revealed vital signs within acceptable parameters, +1 bilateral lower extremity edema, dry intact skin, and an old healing right knee wound with a dry eschar and no signs of infection. The patient reports dysphagia secondary to prior CVA and follows aspiration precautions, including a soft diet, small bites, and liquid intake with meals; education was reinforced regarding safe swallowing techniques. He denies pain, reports controlled symptoms, and demonstrates active bowel sounds with education provided regarding bowel management. The patient reports non-adherence with prescribed tamsulosin (Flomax), and the primary care provider will be notified for medication clarification. Education was provided regarding Jardiance (empagliflozin), diabetes management, hydration, and monitoring for signs of urinary tract infection. Medication reconciliation identified the absence of aspirin on the medication list, and the primary care provider will be contacted to determine if antiplatelet therapy is indicated due to the patient's CVA history. Physical therapy evaluation revealed decreased bilateral lower extremity strength (3-/5 MMT), requiring contact guard assistance for transfers and short-distance ambulation with a rolling walker, with verbal cues for improved posture and safety. Occupational therapy is recommended to address decreased ADLs and functional mobility to promote independence and allow the patient to safely remain at home. Continued skilled nursing, physical therapy, and occupational therapy services are medically necessary for ongoing assessment, medication management, disease education, fall prevention, dysphagia management, mobility training, and functional improvement to reduce the risk of complications and hospitalization.
<o:p></o:p> Date of Order<o:p></o:p> 07/21/2026<o:p></o:p> Physician Face-to-Face Date: 07/09/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Hemiplegia following cerebral infarction affecting left non-dominant side<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Gragasin, Christian

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/21/2026

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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 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)

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

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

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.

PT Goals

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

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
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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
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