Home Health Certification and Plan of Care

Order ID: 1150/21872

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
29220228	09/05/2026	From: 09/05/2026 To: 11/03/2026	29472	217058

6. Patient's Name and Address

Tia Speakes
1220 NEW FIELD RD,
GWYNN OAK, MD 21207-
4435224684

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 08/07/1967 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)	09/05/26

13. ICD	Other Pertinent Diagnoses	Date
G82.22	Paraplegia incomplete	09/05/26
N31.9	Neuromuscular dysfunction of bladder unspecified	09/05/26
K59.2	Neurogenic bowel not elsewhere classified	09/05/26
M48.02	Spinal stenosis cervical region	09/05/26
M54.50	Low back pain unspecified	09/05/26
G89.29	Other chronic pain	09/05/26
I10.	Essential (primary) hypertension	09/05/26
E78.5	Hyperlipidemia unspecified	09/05/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/05/26
F32.A	Depression unspecified	09/05/26
F17.210	Nicotine dependence cigarettes uncomplicated	09/05/26
Z87.440	Personal history of urinary (tract) infections	09/05/26
Z46.6	Encounter for fitting and adjustment of urinary device	09/05/26
Z79.01	Long term (current) use of anticoagulants	09/05/26
Z79.82	Long term (current) use of aspirin	09/05/26

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

ACETAMINOPHEN 325 MG Tablet / Take 2 tablets by mouth every 6 hours as needed Commonly known as: TYLENOL
ASPIRIN Delayed Release 81 MG / 1 Tablet by mouth daily
ATORVASTATIN 80 MG / 1 Tablet by mouth nightly Commonly known as: LIPITOR
Diclofenac Sodium - Diclofenac Sodium 1 % Gel / Apply 2 g to the skin 2 times daily Commonly known as: VOLTAREN
DULOXETINE HYDROCHLORIDE Delayed Release 60 MG / 1 Capsule by mouth daily Commonly known as: CYMBALTA.
ENOXAPARIN SODIUM 40 MG/0.4ML injection / Inject 0.4 mLs subcutaneous daily Commonly known as: LOVENOX.
GABAPENTIN 300 MG capsule / Take 2 capsules by mouth 3 times daily Commonly known as: NEURONTIN
LOSARTAN POTASSIUM 50 MG / 1 Tablet by mouth daily Commonly known as: COZAAR.
METHOCARBAMOL 500 MG tablet / Take 0.5 tablet by mouth 3 times daily Commonly known as: ROBAXIN
OXYBUTYNIN CR 5 MG / 1 Tablet by mouth 2 times daily Commonly known as: DITROPAN-XL
PANTOPRAZOLE Delayed Release 40 MG / 1 Tablet by mouth daily Commonly known as: PROTONIX.
TRAMADOL 50 MG / 1 Tablet by mouth every 6 hours as needed for MODERATE pain or if patient requests it for severe pain For diagnoses: Paraplegia, Neurogenic bowel, Neurogenic bladder. Commonly known as: ULTRAM
TRAZODONE 50 MG / 1 Tablet by mouth nightly

14. DME and Supplies:

wheelchair, sliding board, 4 wheeled walker

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, activity supervision, bathroom safety, medication safety, transfer with assist, supervision at all times, standard precautions, wheelchair precautions, sharps precautions, fall precautions, cardiac precautions, bleeding precautions, anticoagulant precautions, ambulates with device

16. Nutrition:

cardiac diet

17. Allergies:

iodine morphine pcn

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

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

Homebound status:

Due to diagnosis of Acute infarction of spinal cord (embolic) (nonembolic), 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:

<p class="p">The patient is a 59-year-old female referred to home health services following a recent hospitalization for an acute spinal cord infarction resulting in bilateral paraplegia. Her medical history is significant for hypertension, chronic low back pain, depression, and obstructive sleep apnea managed with CPAP. Prior to hospitalization, she was independently ambulatory without an assistive device and independent with functional mobility; she is now bed- and chair-bound with no active movement in the bilateral lower extremities and requires assistance with bed mobility, wheelchair use, and sliding board transfers, ranging from moderate to dependent assistance. She lives with her son in a townhouse with a first-floor setup and requires human assistance to safely leave the home due to significant mobility limitations and increased fall risk, supporting homebound status. She demonstrates 4/5 bilateral upper-extremity strength and requires setup assistance for upper-body dressing and grooming, moderate assistance for bed-level bathing, and is dependent for lower-body dressing and transfers. She uses a wheelchair for mobility and requires assistance with wheelchair management. The patient is alert and oriented 3, with dry and intact skin, clear lung sounds, and even, unlabored respirations, and reports no current complaints. Education was provided to the patient and caregiver regarding safe hand placement during transfers and the importance of regular pressure relief while in bed and the wheelchair to reduce the risk of skin breakdown. Skilled physical and occupational therapy is indicated to address strength, transfer training, wheelchair mobility, safety, pressure-relief techniques, and ADL performance to maximize functional independence and promote a safe return toward her prior level of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Neelofar Wajahat
7141 Security Blvd
Baltimore, MD 21244
PHONE: 855-902-4974 FAX: 14108473396 NPI: 1083861181

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 : 08/31/2026

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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function.<o:p></o:p>   Date of Order<o:p></o:p> 09/05/2026<o:p></o:p> Physician Face-to-Face Date: 08/31/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Acute infarction of spinal cord (embolic) (nonembolic)<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: Wajahat, Neelofar

SN Careplans

SN frequency Auth 1721224747-1 WK1: 1 (09/05/26-09/05/26),Auth 1721224747-1 WK2: 1 (09/06/26-09/12/26),Auth 1721224747-1 WK3: 1 (09/13/26-09/19/26),Auth 1721224747-1 WK4: 1 (09/20/26-09/26/26),Auth 1721224747-1 WK5: 1 (09/27/26-10/03/26),Auth 1721224747-1 WK6: 1 (10/04/26-10/10/26),Auth 1721224747-1 WK7: 1 (10/11/26-10/17/26),Auth 1721224747-1 WK8: 1 (10/18/26-10/24/26),Auth 1721224747-1 WK9: 1 (10/25/26-10/31/26),Auth 1721224747-1 WK10: 1 (11/01/26-11/03/26)

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: 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

SN Goals

PATIENT-STATED GOAL: To walK again

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 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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/caregiver recalls
* urinary incontinence management including bladder training

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/05/2026

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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:Not Received

09/08/2026 Problems : limited strength (MS)
limited endurance (MS)
urine retention (GU)
constipation (GI)
M1600 - UTI
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
obesity
B1000 - Vision Deficit
D0160 - Depression
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M1610 - Urinary Incontinence
M1033 - Exhaustion
M2102c - Med Admin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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
* Kegel exercises
* skin care
* 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT frequency Auth 1721224749-1 WK2: 1 (09/06/26-09/12/26),Auth 1721224749-1 WK3: 1 (09/13/26-09/19/26),Auth 1721224749-1 WK4: 1 (09/20/26-09/26/26),Auth 1721224749-1 WK5: 1 (09/27/26-10/03/26),Auth 1721224749-1 WK6: 1 (10/04/26-10/10/26),Auth 1721224749-1 WK7: 1 (10/11/26-10/17/26),Auth 1721224749-1 WK8: 1 (10/18/26-10/24/26),Auth 1721224749-1 WK9: 1 (10/25/26-10/31/26)

09/10/2026 Problems : GG0170F1 - Toilet Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer

PROCEDURES: wheelchair training, home exercise program: Review HEP: seated therex for BLE for PROM of hip flex, hip abd/add, ankle DF/PF 1x10. Upgrade as tolerated, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to get out of bed and around her house herself

GOALS
Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

09/05/2026

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09/10/2026 Problems : Pain Effect on Sleep
Pain Interference with ADLs
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: Therapeutic exercises : Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, Transfer training: Using sliding board and supine to sit transfers, Patient/caregiver recalls related purpose and schedule of medications: Medication Review, Static/dynamic sitting balance : Sitting balance, cough/deep breathing exercises

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 - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

PATIENT-STATED GOAL: Patient wants to get stronger and use the sliding board better

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 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 - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Patient will demonstrates improved left upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve Adls and transfers safely

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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