Home Health Certification and Plan of Care

Order ID: 1150/18012

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30970317620	04/16/2026	From: 04/16/2026 To: 06/14/2026	24087	217058

6. Patient's Name and Address

Sonya Williams
7112 Sandown Circle Apt 101,
Baltimore, MD 21244-
4437296926

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 04/26/1962 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/16/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/16/26
N18.9	Chronic kidney disease u	04/16/26
D63.1	Anemia in chronic kidney disease	04/16/26
G81.11	Spastic hemiplegia affecting right dominant side	04/16/26
I82.401	Acute embolism and thombos unsp deep veins of r low extrem	04/16/26
N20.0	Calculus of kidney	04/16/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/16/26
E78.5	Hyperlipidemia unspecified	04/16/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/16/26
F41.1	Generalized anxiety disorder	04/16/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	04/16/26
M54.2	Cervicalgia (M54.2)	04/16/26
G89.29	Other chronic pain	04/16/26
G47.00	Insomnia unspecified	04/16/26
N32.89	Other specified disorders of bladder	04/16/26
K59.00	Constipation unspecified	04/16/26
Z87.440	Personal history of urinary (tract) infections	04/16/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/16/26
Z79.4	Long term (current) use of insulin	04/16/26
Z79.01	Long term (current) use of anticoagulants	04/16/26
Z79.891	Long term (current) use of opiate analgesic	04/16/26
Z79.82	Long term (current) use of aspirin	04/16/26

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

Glimepiride - Glimepiride 2 mg by mouth twice a day
GABAPENTIN 100 mg / 1 Capsule by mouth three times a day for Neuropathic pain
BACLOFEN 10 mg 10 mg / 1 Tablet by mouth one time a day for muscle spasm
Oxybutynin Chloride - Oxybutynin Chloride 5 mg / 1 Tablet by mouth three times a day for OAB
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 0 ER 75 mg / 1 Capsule by mouth once a day for depression
LOSARTAN POTASSIUM 25 mg / 1 Tablet by mouth one time a day for HTN
Lipitor - Atorvastatin Calcium 40 mg / 1 Tablet by mouth at bedtime for HLD
DIAZEPAM 5 mg / 1 Tablet by mouth at bedtime for Anxiety Hold for sedation.
RISPERIDONE 0.5 mg / 1 Tablet by mouth at bedtime for Paranoid personality/Mood disorder
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours as needed for Pain
Famotidine - Famotidine 20 mg by mouth twice a day As needed
Ferosul - Ferrous Sulfate: Folic Acid 325mg by mouth once a day
ASPIRIN 0 Low Dose Delayed Release 81 mg / Give 1 tablet by mouth one time a day for CVA prophylaxis
Albuterol Sulfate - Albuterol Sulfate eq 0.083 perc base inhalant as necessary 2 puffs every 4 hours as needed
Advair Diskus - Fluticasone Propionate: Salmeterol Xinafoate 250/50 inhalant twice a day
Incruse Ellipta - Umeclidinium Bromide 62.5mcg inhalant once a day
BENADRYL 25 mg / 1 Tablet by mouth every 6 hours as needed for Itching
Senna - Senna 8.6 mg/tablet / Give 2 tablet by mouth once a day every 24 hours as needed for No Bm in 3 days
Sarna External Lotion 0.5-0.5 % (Camphor & Menthol) 0 Apply to Right arm topical every 6 hours as needed for Itching
Saline Nasal Spray - Normal Saline Mist Solution 0.65% / 1 spray in both nostrils Nasal every 6 hours as needed for Epistaxis unsupervised self-administration
Humalog Kwikpen - Insulin Lispro Recombinant 100 UNIT/ML subcutaneous before meal Inject as per sliding scale: if 0 - 200 = 0 units Notify MD is BS <70; if 201- 250 = 2 units; if 251 - 300 = 4 units; if 301 - 350 = 6 units; if 351 - 400 = 8 units Notify MD if BS < 400, for DM II
Eliquis - Apixaban 5mg by mouth twice a day
Folic Acid - Folic Acid 1 mg by mouth once a day
Flexeril - Cyclobenzaprine Hydrochloride 5 mg by mouth at bedtime

14. DME and Supplies:

cane

15. Safety Measures:

medication safety, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

dabigatran lisinopril metformin rivaroxaban protonix

18.A. Functional Limitations

Speech, Ambulation

18.B. Activities Permitted

Up As Tolerated

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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic chronic kidney disease, 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:

Electronically Signed by Messick, Charles RN on 04/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Raymond Dormevil
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1245627892

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 : 03/22/2026

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: 1150/18012

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30970317620	04/16/2026	From: 04/16/2026 To: 06/14/2026	24087	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sonya Williams 7112 Sandown Circle Apt 101, Baltimore, MD 21244- 4437296926	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 63-year-old female admitted to home health services for skilled nursing and physical therapy following a recent hospitalization for sepsis with a subsequent stay in a skilled nursing facility, resulting in post-acute deconditioning and decline from her prior functional baseline. Her past medical history is significant for right lower extremity deep vein thrombosis (DVT), asthma, type 2 diabetes mellitus, hypertension, and a prior cerebrovascular accident (CVA) with residual left-sided hemiparesis. The patient lives alone in a first-floor apartment and has requested home health aide assistance for support with daily care needs. On assessment, the patient is alert and oriented to person, place, and situation, though she is intermittently unaware of the day and date. She demonstrates slurred speech and occasional incoherence, consistent with residual deficits from her prior CVA. Cardiopulmonary assessment reveals clear lung sounds, palpable peripheral pulses, and active bowel sounds. Skin is warm, intact, and without breakdown. Trace edema is noted in the left upper extremity. The patient ambulates with a cane and exhibits a limp with gait deviation, occasionally utilizing furniture for support ("furniture surfing"). She demonstrates hyperextension of the fingers in the left hand and increased tone with limited range of motion in the left upper extremity. Muscle strength is decreased, with right upper extremity strength assessed at approximately 3+/5. She requires assistance with activities of daily living, including upper and lower body dressing, and performs bathing at sink side due to difficulty and safety concerns with tub transfers, despite having a shower stool available. She requires contact guard assistance for sit-to-stand and toilet transfers, along with verbal cueing for proper limb placement and safety. Functionally, the patient presents with decreased endurance, impaired dynamic balance, and gait abnormalities impacting safety with both household and community ambulation. She reports increased fatigue with activity and is currently functioning at approximately 70% of her prior baseline. Skilled nursing services are in place for medication management and ongoing monitoring. Skilled physical therapy services are medically necessary to address deficits in strength, balance, gait mechanics, transfer safety, and endurance, as well as to establish and progress a home exercise program. Interventions will focus on improving functional mobility, reducing fall risk, and promoting safe independence within the home and community. Without skilled intervention, the patient remains at increased risk for further functional decline, falls, and potential rehospitalization.
 Date of Order 04/16/2026 Orders Physician Face-to-Face Date: 03/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management, PT-eval & treat, OT-eval & treat due to Type 2 diabetes mellitus with diabetic chronic kidney disease 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 Dormevil, Raymond

SN Careplans

SN WK1: 1 (04/16/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26)

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: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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, 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:See MOLST

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, Home Safety, M2020 - Oral Med Management, D0700 - Social Isolation, swelling in the arms/legs, abnormal blood pressure, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140

SN Goals

PATIENT-STATED GOAL: I want to get my house in order.

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/16/2026

Home Health Certification and Plan of Care

Order ID: 1150/18012

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30970317620	04/16/2026	From: 04/16/2026 To: 06/14/2026	24087	217058

6. Patient's Name and Address
Sonya Williams
7112 Sandown Circle Apt 101,
Baltimore, MD 21244-
4437296926

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

arms/legs, abnormal blood pressure, M1400 - Dyspnea, M1060 - Exhaustion, abnormal BS < 70/140 > mg/dL, constipation, limited range of motion, limited strength, weak hand grips, balance deficit

PROCEDURES: cough/deep breathing exercises, apply compression bandage, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, 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 WK1: 1 (04/16/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK5: 1 (05/10/26-05/16/26) ,WK7: 1 (05/24/26-05/30/26) ,WK9: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: HEP: Patient instructed in generalized home exercise program to improve lower extremity strength, balance, and functional mobility. Exercises may or may not include, to seated and standing lower extremity strengthening (hip flexion, knee extension, heel raises), weight shifting activities with support, and sit-to-stand repetitions from a stable surface. Gait practice with walker encouraged for short household distances focusing on safety, posture, and pacing. Patient educated on performing exercises within tolerance, incorporating rest breaks, and using caregiver assistance as needed. Emphasis placed on daily consistency, fall prevention, and safe environment setup., Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: q, home exercise program, gait training/stair training

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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: not to fall at home and walk safely as much as possible

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (04/19/26-04/25/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26) ,WK7: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review, cough/deep breathing exercises, therapeutic exercises: Therapy, transfers training: Therapy

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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up 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, Patient will demonstrate improved right upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

Signature of Physician:

Date

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

Date
04/16/2026

Home Health Certification and Plan of Care

Order ID: 1150/18012

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30970317620	04/16/2026	From: 04/16/2026 To: 06/14/2026	24087	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sonya Williams 7112 Sandown Circle Apt 101, Baltimore, MD 21244- 4437296926	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Patient will demonstrate improved right upper extremity muscle strength from 3+/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/16/2026