Home Health Certification and Plan of Care

Order ID: 1150/11878

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
76239845	09/03/2025	From: 09/03/2025 To: 11/01/2025	3282	217058

6. Patient's Name and Address

Irine Kharebava
3533 Cohasset Avenue,
ANNAPOLIS, MD 21403-
617-733-3711

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 08/19/1934 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M15.9	Polyosteoarthritis unspecified	09/03/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	09/03/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/03/25
I10.	Essential (primary) hypertension	09/03/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/03/25
F51.01	Primary insomnia	09/03/25
L03.90	Cellulitis unspecified	09/03/25

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

Lopressor - Metoprolol Tartrate 25 mg tablet, take 1 tablet by mouth twice a day
Ranexa - Ranolazine 500mg, take 1 tablet (500mg total) by mouth twice a day 12 hours extended release tablet
Ecotrin - Aspirin 81mg EC delayed release tablet, take 1 tablet (81mg total) by mouth in the morning
Cosopt - Dorzolamide Hydrochloride: Timolol Maleate 2-0.5% ophthalmic solution drops as necessary
Nexium - Esomeprazole Magnesium 20mg, take 1 capsule by mouth in the morning delayed release
capsule
Imdur - Isosorbide Mononitrate 30mg 24 hour take 1 tablet by mouth in the morning 24 hours extended release tablet
Cozaar - Losartan Potassium 50mg tablet, 1.5 tablets(75mg total) by mouth as necessary
Melatonin - Melatonin 3mg tablets, take 1 tablets(3mg total) by mouth as necessary
Nitrostat - Nitroglycerin 0.4mg sl tablets place 1 tablet (0.4mg total) by mouth as necessary Place 1 Tablet (0.4 mg total) under the tongue every 5 minutes as needed for Chest Pain
Pamelor - Nortriptyline Hydrochloride 10mg capsule by mouth as necessary
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg by mouth twice a day For 7 days starting on 8/28/25
Crestor - Rosuvastatin Calcium 20 mg by mouth once a day

14. DME and Supplies:

hand held shower, bath bench, cane

15. Safety Measures:

hand rails, fall precautions, diabetic precautions, standard precautions, smoke detectors , medication safety, bathroom safety, ambulates with assistance, avoid temperature extremes, ambulates with device, bleeding precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation,

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, 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

Homebound status: Due to diagnosis of Polyosteoarthritis Unspecified, 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 91-year-old female who was evaluated by her physician, Dr. Vincent DeCicco, after reporting increased difficulty with balance and unsteady gait, though she denies a history of falls. She resides with her daughter, Manana, and son-in-law. The patient does not speak English, but her daughter serves as translator. She requires negotiation of four steps to enter the home through the garage and 15 steps to access the second-floor bedroom and bathroom. Although there is a half-bath on the main level, she spends most of her time upstairs. She currently ambulates within the home using a cane. Assessment revealed generalized arthritic pain, decreased bilateral lower extremity strength, reduced functional mobility, difficulty negotiating stairs, unsteady gait, impaired transfers, decreased balance, limited safety awareness, and an increased risk of falls. Home physical therapy services are recommended to address these deficits by improving strength, mobility, transfers, ambulation safety, stair negotiation, balance, and safety awareness, thereby supporting independence at home. Without skilled PT, the patient is at risk for falls, further decline, and loss of independence. PT frequency is scheduled as 1w1, 2w2, 1w1, with visits on Tuesdays and Thursdays starting 9/3/25. During today's visit, consent was obtained, a comprehensive patient and home safety assessment was performed, and a PT plan of care was developed. Initial gait and stair training were provided, along with education on home safety measures to reduce fall risk. Due to arthritis and reliance on an assistive device with human assistance, the patient is unable to leave the home safely without significant effort, which poses a safety risk. The patient and primary caregiver are in agreement with the PT plan of care.
 Date of Order 09/03/2025 Orders Physician Face-to-Face Date: 08/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Polyosteoarthritis Unspecified 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 - PT Notes: Physician Decicco , Vincent

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vincent DeCicco
695 Kinkaid Rd
Annapolis, MD 21402
PHONE: 443-270-8600 FAX: 14432708990 NPI: 1841262953

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 : 08/25/2025

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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PT Careplans

PT WK1: 1 (09/03/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25)

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, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness (MS), limited strength (MS), limited endurance (MS), Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit (NR)

PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, home exercise program, work simplification/energy conservation, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, teach/coordinate/arrange medication packaging and/or administration

PT Goals

PATIENT-STATED GOAL: To improve my balance and to be less unsteady

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

Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

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
* 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 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/03/2025

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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, * 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, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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

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

Signature of Physician:	Date
	PAGE 3 of 3
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