# Home Health Certification and Plan of Care

**Order ID: 1150/12361**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 42404359700 | 09/18/2025 | From: 09/18/2025 To: 11/15/2025 | 17568 | 217058 |

**6. Patient's Name and Address**

Ida Khazina
7601 Carla Road,
Pikesville, MD 21208-
443-850-5615

**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 01/12/1939 | 9.Sex Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L89.151 | Pressure ulcer of sacral region stage 1 | 09/18/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 09/18/25 |
| E11.9 | Type 2 diabetes mellitus without complications | 09/18/25 |
| M25.551 | Pain in right hip | 09/18/25 |
| M25.562 | Pain in left knee | 09/18/25 |
| M25.561 | Pain in right knee | 09/18/25 |
| Z46.6 | Encounter for fitting and adjustment of urinary device | 09/18/25 |
| L22. | Diaper dermatitis | 09/18/25 |
| G47.00 | Insomnia unspecified | 09/18/25 |
| F34.1 | Dysthymic disorder | 09/18/25 |
| F03.94 | Unspecified dementia unspecified severity with anxiety | 09/18/25 |
| B35.6 | Tinea cruris | 09/18/25 |
| H91.93 | Unspecified hearing loss bilateral | 09/18/25 |
| E55.9 | Vitamin D deficiency unspecified | 09/18/25 |
| E78.5 | Hyperlipidemia unspecified | 09/18/25 |
| Z79.51 | Long term (current) use of inhaled steroids | 09/18/25 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 09/18/25 |
| Z74.01 | Bed confinement status | 09/18/25 |
| Z91.81 | History of falling | 09/18/25 |

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

Sertraline HCl 50 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Memantine HCl 5 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Silver sulfADIAZINE 1% External Cream, Apply 1 application to affected area topical twice a day Apply 1 application topically to affected area 2 times per N/Aday
traMADol HCl 50 MG , Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed
Atorvastatin Calcium - Atorvastatin Calcium 10 MG , Take 1 tablet by mouth at bedtime Take 1 tablet (10 mg) by mouth qhs
Esomeprazole Magnesium - Esomeprazole Magnesium 40 MG , Take 1 capsule by mouth once a day Take 1 capsule (40 mg) by mouth daily 1 hour before breakfast
Docusate Sodium - Docusate Sodium 100 MG , Take 1 capsule by mouth twice a day Take 1 capsule (100 mg) by mouth 2 times per day for constipation
Folic Acid - Folic Acid 1 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT , 2 sprays in each nostril (Nasal Suspension ) Nasal once a day 2 sprays intranasally daily in each nostril
Zolpidem Tartrate - Zolpidem Tartrate 10 MG , Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime as needed
Januvia - Sitagliptin Phosphate 100 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Bystolic - Nebivolol Hydrochloride 10 MG , Take 1 tablet by mouth once a day Take 1 tablet (10 mg) by mouth daily
Ergocalciferol - Ergocalciferol 1.25 MG (50000 UT) , take 1 capsule by mouth once a week take 1 capsule (50000 iu) by mouth biweekly
Nystatin - Nystatin 100000 UNIT/GM , Apply 1 application cream to affected area topical twice a day Apply 1 application topically to affected area 2 times per day
Jardiance - Empagliflozin 10 MG , Take 1 tablet by mouth in the morning Take 1 tablet by mouth daily in the morning
Ammonium Lactate - Ammonium Lactate 12% External Cream , 1 application to affected area topical twice a day 1 application topically to affected area 2 times per day
Fluocinolone Acetonide - Fluocinolone Acetonide 0.01% External Cream , Apply 1 application to affected area topical twice a day Apply 1 application topically to affected area 2 times per day

**14. DME and Supplies:**

commode, walker, wheelchair, urinary/catheter supplies, rolling walker, diabetic supplies, hospital bed

**15. Safety Measures:**

infectious material management, walker precautions, , diabetic precautions, transfer with assist, ambulates with assistance, cardiac precautions, , wheelchair precautions

**16. Nutrition:**

**17. Allergies:**

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles SN RN on 09/18/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Slava Kreynovich NP
2005 Jolly Road
Baltimore, MD 21209
PHONE: 4109419040 FAX: 14109410027 NPI: 1265763155

**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 : 09/16/2025

**27. Attending Physician's Signature and Date Signed** **09/26/2025** 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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cardiac diet, 1400cal ADA

no known allergies

**18.A. Functional Limitations**
Bowel/Bladder Incontinence, Ambulation, Dyspnea With Minimal Exertion

**18.B. Activities Permitted**
Wheelchair, Transfer bed/Chair, Walker, 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: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

**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**
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Pressure Ulcer Of Sacral Region Stage 1, 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 resides with cousins in a single-family ranch-style home without steps and currently sleeps in a queen-sized bed. The patient requires total assistance with all activities of daily living (ADLs), and a hospital bed is recommended to facilitate safe and effective personal care, as turning and repositioning are very difficult for the caregiver, who also has health concerns. The caregiver reported that the patient experienced a fall on 9/15, requiring 911 assistance, and the patient has since complained of pain and soreness. The physician referred the patient to home health services. A 16 Fr Foley catheter was placed during the visit, with urine noted to be brown in color; an order is needed for a urine specimen to rule out urinary tract infection. The skilled nurse educated the caregiver on Foley catheter care, including how to empty the urine bag and recognize symptoms to report to the agency. The caregiver demonstrated understanding through return demonstration. Redness and rash were observed in the perineal, groin, and anal areas, likely contact dermatitis related to urine exposure, as well as a facial rash. Skilled nursing is scheduled for six weeks for ongoing assessment, education, disease management, and Foley care/teaching. Referrals for PT and OT evaluations and a home health aide to assist with ADLs were initiated. At present, the patient is dependent with ADLs but was previously able to assist with dressing, bathing, and perform stand-pivot transfers before the fall. The patient is able to follow one-step directions. <br> Date of Order 09/18/2025 Orders Physician Face-to-Face Date: 09/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management, Verbal Order for PT/OT Evaluation and Home Health Aide due to Pressure Ulcer Of Sacral Region Stage 1 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: Eval and treat OT Eval Notes: Eval and treat <br> Physician Kreynovich Np, Slava

## SN Careplans

SN WK1: 1 (09/18/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25) ,WK8: 1 (11/02/25-11/08/25)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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

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; 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: M1700 - Cognition, M1720 - Anxiety, M1745 - Behavioral Issues, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1620 - Bowel Incontinence, abnormal bowel sounds, frequent urination, M1610 - Urinary Catheter, cloudy urine, dark-colored urine, swelling of affected area, limited strength, limited endurance, limited range of motion, muscle weakness, Pain Interference with Therapy activities, balance deficit, B0200 - Hearing Deficit, B1000 - Vision Deficit, Pain Effect on Sleep, Pain Interference with ADLs, bruising/discoloration, new incidence of rash, skin breakdown r/t incontinence

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, wound vacuum, glucose testing via monitor, monitor intake & output, catheter change, care & irrigation: 16fr 10 cc foley cath change every 6 weeks., coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange home modifications for hearing impaired, i.e. alarms

09/26/2025 procedure: LAB ORDER, Notes: Skilled nurse to obtain UA and C&S as needed. ,

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related

## SN Goals

PATIENT-STATED GOAL: regain stregth

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating

Signature of Physician:

Date



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

Date
09/18/2025

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TEACH PATIENT/CAREGIVER: how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals

* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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
* 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
* bowel incontinence management including dietary changes
* bowel training
* 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

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

## PT Careplans

PT WK2: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

## PT Goals

GOALS
Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

## OT Careplans

## OT Goals

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 09/18/2025 |

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OT WK2: 2 (09/21/25-09/27/25) ,WK3: 2 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Transfer training, ADL training, 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 - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance, Increase endurance to F+, ADL training

PATIENT-STATED GOAL: To return to my previous functional status

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 - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

ADL training

Increase endurance to F+

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 09/18/2025 |