

Home Health Certification and Plan of Care				Order ID: 1150/12372	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
30431657250		07/24/2025		From: 09/22/2025 To: 11/19/2025	
4. Medical Record No.		5. Provider No.			
8466		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Frima Shapsay 3615 Fords Lane Apt 610, BALTIMORE, MD 21215- 443-900-7116			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 08/20/1925			9. Sex Female		
11. ICD Principal Diagnosis			Date		
N39.0 Urinary tract infection site not specified			07/24/25		
13. ICD Other Pertinent Diagnoses			Date		
E87.1 Hypo-osmolality and hyponatremia			07/24/25		
I11.0 Hypertensive heart disease with heart failure			07/24/25		
I50.9 Heart failure unspecified			07/24/25		
K21.9 Gastro-esophageal reflux disease without esophagitis			07/24/25		
M10.9 Gout unspecified			07/24/25		
E78.49 Other hyperlipidemia			07/24/25		
E87.20 Acidosis unspecified			07/24/25		
14. DME and Supplies:			15. Safety Measures:		
walker, wheelchair, rolling walker			, walker precautions, transfer with assist, , emergency phone # clearly displayed, , , bathroom safety, ambulates with device, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
regular, soft			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Wheelchair, Walker, Up As Tolerated		
19. Mental & Psychosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Urinary Tract Infection Site Not Specified, 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 <div>The patient is a 99-year-old female with a past medical history significant for congestive heart failure, gastroesophageal reflux disease, gout, and hyponatremia, recently hospitalized for a urinary tract infection. She is very hard of hearing, speaks Russian, and requires her daughter-in-law for translation, as her caregiver, Shaira Bozorova, does not speak English. The patient is continent but uses a diaper when unattended during daytime naps and at night. Assessment revealed a reddened backside, a healed sore on the upper back, old healing bruises on the legs, and a new open laceration on the left forearm, which is being managed with wound cleansing, gauze, and tape. She has a history of frequent urinary tract infections, currently without urinary symptoms, but presents with altered level of consciousness and pruritus in the legs. Prior to hospitalization, the patient ambulated with a rollator under supervision and required assistance with activities of daily living. At present, she demonstrates decreased strength (2/5 manual muscle testing in both lower extremities), requiring moderate assistance for transfers, minimal assistance for short-distance ambulation with a rollator, minimal assistance for sit-to-stand, and moderate assistance for bed mobility. She is alert and oriented to self and grossly to time, with decreased standing balance requiring close supervision for all ambulation. The patient is maximal assist for lower-body care and moderate assist for upper-body care. Skilled physical therapy is recommended to improve strength, balance, safety, and functional independence to help return her to her prior level of function.</div><div></div><div> </div><div>Date of Order</div><div>09/19/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 07/17/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Urinary Tract Infection Site Not Specified</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div></div><div> </div><div>4 - Recertification Notes: The patient is unable to stand independently and requires assistance standing. The posterior midline patient has a stage 1 unchanged, as well as redness on her buttocks due to incontinence and usage of diapers and pads. </div><div>Physician</div><div>Liss, Roza</div><div><p class="p1" style="margin-bottom: 0px; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-size-adjust: none; font-kerning: auto; font-optical-sizing: auto; font-feature-settings: normal; font-variation-settings: normal; font-variant-position: normal; font-variant-emoji: normal; font-stretch: normal; font-size: 13px; line-height: normal;"> </p></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 09/19/2025			25. Date HHA Received Signed POT		
24. Physician's Name and Address Roza Liss 941 Russell Avenue Suite B Gaithersburg, MD 20879 PHONE: 240-848-7692 FAX: 240-608-2456 NPI: 1235362781			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 : 07/17/2025		
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. PAGE 1 of 2		

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6. Patient's Name and Address Frima Shapsay 3615 Fords Lane Apt 610, BALTIMORE, MD 21215- 443-900-7116		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		
SN WK1: 1 (09/22/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) 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 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: lethargy, #4 - Laceration - Anterior Left Upper Chest - PROCEDURES: MEDICATION REVIEW : Medications reviewed with patient or caregiver , Wound care left wrist laceration : Left wrist laceration Teach caregiver to wash with normal saline, and pat dry with dry gauze. Apply sterile dressing. Change daily, Wound healed: DISCONTINUED 09/25/2025, Skin care/wound care maceration of buttock region : Clean with normal saline 2 times a day Pat dry Use zinc oxide Infused cream on reddened area Monitor daily for any openings to the area , Wound care stage 1 back thoracic spine : Stage 1 wound Teach caregiver to Cleanse area with soap and water daily Dry with sterile gauze Do not cover area, keep open to air. Monitor for signs and symptoms of infection , cough/deep breathing exercises, incentive spirometer: DISCONTINUED 09/25/2025, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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 keep home safe for patient with dementia coping strategies for the caregiver, 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, 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, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence, MEDICATION REVIEW		PATIENT-STATED GOAL: Unable to declare GOALS patient/caregiver recalls * how to manage gout flare-ups including non-medical pain relief * dietary modifications * 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 hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule MEDICATION REVIEW patient/caregiver recalls * prescribed dietary modifications * monitoring intake and output * monitoring weight loss or weight gain * monitor changes in neurological status * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * 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 dementia * coping strategies for the caregiver * 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 meal preparation is available to patient for all meals caregiver performs medical/rehabilitation treatments with adequate competence 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 is adequately supervised		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/19/2025