# Home Health Certification and Plan of Care

**Order ID: 1150/12933**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 27196653 | 10/03/2025 | From: 10/03/2025 To: 12/01/2025 | 18137 | 217058 |

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

Boris Rivkin
16 Stonehenge Cir Apt 4,
PIKESVILLE, MD 21208-
410-934-9649

**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** 03/13/1951 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 10/03/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| C90.00 | Multiple myeloma not having achieved remission | 10/03/25 |
| I12.0 | Hyp chr kidney disease w stage 5 chr kidney disease or ESRD | 10/03/25 |
| N18.6 | End stage renal disease | 10/03/25 |
| D63.1 | Anemia in chronic kidney disease | 10/03/25 |
| I25.2 | Old myocardial infarction | 10/03/25 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 10/03/25 |
| Z99.2 | Dependence on renal dialysis | 10/03/25 |
| Z85.528 | Personal history of other malignant neoplasm of kidney | 10/03/25 |
| Z79.82 | Long term (current) use of aspirin | 10/03/25 |

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

Zovirax - Acyclovir Sodium 200 mg Take 200 mg, tablet by mouth twice a day take 200 mg, 2 times daily
antiviral
Aspirin 81Mg - Aspirin 81 MG, take 1 tablet by mouth every other day Take 1 tablet by mouth every other day.

prophylaxtic
Decadron - Dexamethasone 4 MG, table, Take 40 mg by mouth as necessary Take 40 mg by mouth every 7 days
multiple myeloma
Imdur - Isosorbide Mononitrate 60 mg take 60 mg, tablet by mouth in the morning take 60 mg tablet daily every morning
blood pressure
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 25mg; 1 tab by mouth once a day blood pressure
Protonix - Pantoprazole Sodium eq 40 mg base take 40 mg, tablet by mouth twice a day take 40 mg, tablet 2 times daily
stomach
Rena-Vite Rx 1 MG, Take 1 tablet by mouth once a day take 1 tablet by mouth daily before dinner
for 30 days
supplement
Lipitor - Atorvastatin Calcium eq 40 mg base take 40 mg tablet; 1 tab by mouth once a day take 40 mg tablet
cholesterol
Zofran - Ondansetron Hydrochloride eq 8 mg base 8 MG, Take 2 tablets by mouth as necessary Take 2 tablets by mouth 30 minutes prior to each cycloPHOSphamide dose. Then may take 1 tablet (8 mg) by mouth up to 3 times per day as needed for nausea or vomiting. Not to exceed 3 tablets (24 mg) per day
Cytoxan - Cyclophosphamide 50 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** take 50 mg, tablet by mouth as necessary take 50 mg, tablet

**14. DME and Supplies:**
grab bars, walker

**15. Safety Measures:**
ambulates with device, walker precautions, , ,

**16. Nutrition:**
diabetic, cardiac diet

**17. Allergies:**
quetiapine

**18.A. Functional Limitations**
Ambulation, Endurance

**18.B. Activities Permitted**
Walker, Exercises Prescribed

**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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**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**
patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, 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 74-year-old male recently admitted to the hospital secondary to a cerebrovascular accident (CVA) resulting in left-sided weakness. Neuroimaging confirmed an acute right ventral medial pontine ischemic infarction, and the patient carries an additional diagnosis of coronary artery disease (CAD). His significant past medical history includes multiple myeloma, end-stage renal disease (ESRD) currently managed with hemodialysis three times weekly (Tuesday, Thursday, Saturday), a non-ST elevation myocardial infarction (NSTEMI) in August 2025, severe anemia, hypertension, pneumonia, and prior antiplatelet therapy initiated on August 30. The patient was started on aspirin every other day and Lipitor (atorvastatin) daily following his recent hospitalization.  On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time, denying pain but reporting occasional shortness of breath. Lung sounds were clear throughout all fields. A right chest double-lumen dialysis catheter was noted, and the patient reported adequate voiding, a good appetite, and a bowel movement earlier in the day. He ambulates with the use of a rolling walker for safety and demonstrates independent standing and transfers with and without assistive devices for short household distances. However, endurance and balance remain limited. A Timed Up and Go (TUG) test was completed in 22 seconds, identifying the patient as a high fall risk. The patient reported one fall at home earlier this year. Environmental hazards were noted, including poor lighting and damaged tile flooring resulting from an upstairs water leak, which the patient is currently unable to repair.  The patient resides alone but receives daily assistance from his sister for meal preparation and help from his nephew for transportation to medical appointments. He requires contact guard assistance for lower-body dressing and support with instrumental activities of daily living (IADLs). Bathing is currently limited to sponge baths due to limited mobility in the home environment. Although offered home health aide (HHA) services, the patient declined at this time.  Skilled nursing reviewed all prescribed medications, including dosages, frequencies, and potential side effects, with emphasis on monitoring for

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles SN RN on 10/03/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Sherin Varghese
2931 Greenspring Drive
Timonium, MD 21093
PHONE: FAX: NPI: 1952471153

**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 : 10/01/2025

**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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signs and symptoms of bleeding associated with aspirin therapy. Education was also provided regarding fall prevention and safety with ambulation. The patient was receptive to teaching but requires continued reinforcement. Physical and occupational therapy evaluations have been ordered to address deficits in strength, balance, and endurance to promote independence and facilitate a safe return to prior level of function. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> are scheduled weekly to monitor progress, reinforce education, and assess ongoing needs. <br> Date of Order 10/03/2025 Orders Physician Face-to-Face Date: 10/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side 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: OT Eval Notes: <br> Physician Varghese, Sherin

## SN Careplans

SN WK1: 1 (10/03/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25) ,WK3: 1 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25)

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: 1. Rarely or not at all

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: M2020 - Oral Med Management, Home Safety, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, weak hand grips, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient /caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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, patient has adequate floor/roof/windows, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

## SN Goals

PATIENT-STATED GOAL: TO START THERAPY

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* 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 has adequate floor/roof/windows

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK1: 10 (10/03/25-10/04/25)

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: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait

## PT Goals

PATIENT-STATED GOAL: To walk independently and improve endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 10/03/2025 |

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| | |
|---|---|
| training/stair training, transfers training<br><br>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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Medication Review- Patient/caregiver, related purpose and schedule of medications. | Walk 10 Feet - 06. Independent<br><br>Walk 50 ft with 2 Turns - 06. Independent<br><br>Walk 150 Feet - 06. Independent<br><br>Walk 10 ft on Uneven Surface - 06. Independent<br><br>1 _ Step (curb) - 06. Independent<br><br>4 Steps - 06. Independent<br><br>12 Steps - 06. Independent<br><br>Picking Up Object - 06. Independent<br><br>Medication Review- Patient/caregiver recalls related purpose and schedule of medications. |
| **OT Careplans** | **OT Goals** |
| OT WK2: 2 (10/05/25-10/11/25) ,WK3: 1 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25)<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: 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<br><br>PROCEDURES: Balance ex's, safety during ADLs and IADLs, Increase endurance to F+, equipment training, work simplification/energy conservation<br><br>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, 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, Increase endurance to F+, safety during ADLs and IADLs | PATIENT-STATED GOAL: Be able to drive and walk bettr<br><br>GOALS<br>Shower/Bathe Self - 05. Setup or clean-up assistance<br><br>patient/caregiver recalls<br>* lifestyle modifications to manage respiratory condition including<br>* diet changes and regular exercise<br>* strategies to control shortness of breath<br>* home remedies to keep lungs healthy<br>* recalls related medication(s) purpose, schedule<br><br>Oral Hygiene - 06. Independent<br><br>Lower Body Dressing - 06. Independent<br><br>Toileting Hygiene - 06. Independent<br><br>Don/Doff Footwear - 06. Independent<br><br>Eating - 06. Independent<br><br>Increase endurance to F+<br><br>safety during ADLs and IADLs |

| Signature of Physician: | Date |
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