Home Health Certification and Plan of Care

Order ID: 1150/13733

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30904834490	11/04/2025	From: 11/04/2025 To: 01/02/2026	19185	217058

6. Patient's Name and Address

Leonid Goltsman
7202 ROCKLAND HILL DR APT 212,
BALTIMORE, MD 21209-
410-971-3752

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 11/03/1939 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J15.8	Pneumonia due to other specified bacteria	11/04/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/04/25
I50.23	Acute on chronic systolic (congestive) heart failure	11/04/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/04/25
N18.30	Chronic kidney disease stage 3 unspecified	11/04/25
D63.1	Anemia in chronic kidney disease	11/04/25
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	11/04/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/04/25
I48.0	Paroxysmal atrial fibrillation	11/04/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/04/25
I87.2	Venous insufficiency (chronic) (peripheral)	11/04/25
I42.0	Dilated cardiomyopathy	11/04/25
I44.2	Atrioventricular block complete	11/04/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/04/25
M48.00	Spinal stenosis site unspecified	11/04/25
E78.5	Hyperlipidemia unspecified	11/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/04/25
E03.9	Hypothyroidism unspecified	11/04/25
Z45.2	Encounter for adjustment and management of VAD	11/04/25
Z79.2	Long term (current) use of antibiotics	11/04/25
Z79.01	Long term (current) use of anticoagulants	11/04/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/04/25
Z95.810	Presence of automatic (implantable) cardiac defibrillator	11/04/25
Z95.2	Presence of prosthetic heart valve	11/04/25
Z87.891	Personal history of nicotine dependence	11/04/25

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

Rocephin - Ceftriaxone Sodium Inject 2 g into the vein every 24 hours. intravenous once a day Inject 2 g into the vein every 24 hours
Bumetanide - Bumetanide 1 MG tablet, Take 1 tablet by mouth as necessary Take 1 tablet by mouth daily. (Taking 1 tablet [1mg] on MWF and 2 tablets [2mg] on Sun, Tues, Thurs and Sat)
For diagnoses: Complete heart block (CMS/HHSHCC), Nonrheumatic aortic valve stenosis
Commonly known as: BUMEX
Calcitriol - Calcitriol 0.25 MCG capsule, Take 0.25 mcg by mouth threee times per week Take 0.25 mcg by mouth every monday, wednesday & friday.
Eliquis - Apixaban 2.5 MG , Take 2.5 mg tablet by mouth twice a day Take 2.5 mg by mouth 2 times daily.
Irbesartan - Irbesartan 150 MG tablet, Take 150 mg by mouth at bedtime
Jardiance - Empagliflozin 10 MG Tabs tablet, Take 10 mg by mouth once a day
Levothyroxine - Levothyroxine Sodium 50 MCG tablet, Take 50 mcg by mouth once a day
Metamucil - Senna Take by mouth (Tablet) by mouth in the evening
Metformin - Metformin Hydrochloride 500 MG tablet, Take 1,000 mg by mouth in the evening Take 1,000 mg by mouth every evening. (2 tablets)
Metoprolol Succinate - Metoprolol Succinate 50 MG tablet, Take 50 mg by mouth in the evening 50 MG tablet extended release 24 HR
Olopatadine Hydrochloride - Olopatadine Hydrochloride 0.2 % Soln, Place 1 drop both eyes twice a day
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 g packet, Take 17 g by mouth in the evening Take 17 g by mouth every evening. Stir and dissolve 1 packet in any 4-8 ounces of noncarbonated beverage
Rosuvastatin Calcium - Rosuvastatin Calcium 10 MG tablet, TAKE ONE TABLET by mouth once a day TAKE ONE TABLET DAILY CHOLESTEROL
For diagnoses: Peripheral arterial disease (CMSHCC), Hyperlipidemia, unspecified hyperlipidemia type
Commonly known as: CRESTOR
Spironolactone - Spironolactone 25 MG tablet, Take 1 tablet by mouth once a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG capsule, Take 1 capsule by mouth once a day
Vitamin D - Ergocalciferol Tablet by mouth once a day
Systane - Normal Saline 0.4-0.3 % Soln, Place 1 drop both eyes as necessary Place 1 drop into both eyes 2 times daily as needed.
Nystatin - Nystatin 100000 UNIT/GM Powd powder, Apply 1 Application to the skin topical as necessary
Normal Saline Flush - Normal Saline 10ml intravenous once a day Flush IV with NSS pre/post IV antibiotic administration and blood draw.

14. DME and Supplies:

4 wheeled walker, walker

15. Safety Measures:

no bp right arm, infectious material management, walker precautions, , bathroom safety, , activity supervision, ambulates with assistance, ambulates with device, , diabetic precautions, , supervision at all times,

16. Nutrition:

low cholesterol, diabetic, cardiac diet

17. Allergies:

augmentin entresto

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Up As Tolerated

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: good

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

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Albert Fuzayl
900 Kenilworth Dr
Towson, MD 21204
PHONE: 4109883077 FAX: 18334500460 NPI: 1548327919

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 : 11/03/2025

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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Homebound status: Due to diagnosis of Pneumonia Due To Other Specified Bacteria, 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 an 86-year-old male with a medical history significant for hyperlipidemia, hypertension, congestive heart failure (CHF), obstructive sleep apnea (OSA), spinal stenosis, pneumonia, and venous insufficiency. He resides in an apartment with elevator access alongside his partner, Anna, who serves as his primary caregiver. The patient was recently discharged home following hospitalization for pneumonia and is currently receiving intravenous antibiotic therapy via a peripherally inserted central catheter (PICC) line for ongoing infection management. The prescribed regimen includes ceftriaxone 2 g administered intravenously once daily for seven weeks. The skilled nurse reviewed medication administration procedures with both the patient and caregiver, demonstrating proper technique for PICC line flushing using 5-10 mL of normal saline before and after antibiotic administration, ensuring all clamps are open during infusion. The caregiver is scheduled to return-demonstrate IV administration at the next nursing visit. Lab work is to be collected every Monday, with all necessary supplies and labeled shipping materials available in the home. The PICC line, located in the right upper arm, was assessed as patent with no signs of infection or abnormal bleeding. During assessment, the patient was alert and oriented 3-4 and denied dizziness, chest pain, or shortness of breath. Physical findings revealed bilateral lower extremity edema, more pronounced on the left. The caregiver reported that the left leg appears weaker than before, possibly due to compensatory overuse resulting from right leg discomfort. The patient also reported right knee pain; he recently received a gel injection from his orthopedic provider. Since returning home, the patient has had limited ambulation, relying primarily on his rollator, which his partner has often used to assist with mobility. In recent days, however, slight improvement in movement has been noted. The patient also exhibits mild tremors in his hands. Physical therapy evaluation noted decreased lower extremity strength-graded 2-/5 in the right leg and 3/5 in the left leg-resulting in limited weight-bearing ability on the right and an inability to ambulate independently. The patient currently requires minimal assistance for transfers. Skilled physical therapy is indicated to address decreased strength, impaired balance, and reduced functional mobility to restore the patient to his prior level of function. Occupational therapy evaluation recommends a frequency of 2w3 to provide ADL retraining, therapeutic exercise, home exercise program instruction, functional mobility training, and safety education to enhance independence in daily activities. The patient and caregiver were educated on infection prevention measures, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-standard%20precautions">standard precautions</mh>, medication management, and the importance of mobility and lower extremity strengthening exercises. Both demonstrated understanding and engagement in the education provided. The plan of care includes continued skilled nursing for PICC line management, infection monitoring, and IV antibiotic administration supervision, along with ongoing physical and occupational therapy to improve strength, mobility, and functional independence while minimizing fall risk and complications related to immobility.
 Date of Order 11/04/2025 Orders Physician Face-to-Face Date: 11/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pneumonia Due To Other Specified Bacteria 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 Fuzayl, Albert

SN Careplans

SN WK1: 3 (11/04/25-11/08/25) ,WK2: 3 (11/09/25-11/15/25) ,WK3: 1 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25) ,WK8: 1 (12/21/25-12/27/25) ,WK9: 1 (12/28/25-01/02/26)

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: 1. Non-agency caregiver(s) currently 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, abnormal BS < 70/140 > mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL (EM), limited endurance, muscle weakness, limited strength, swelling of affected area, balance deficit, obesity

PROCEDURES: Blood Draw: Skilled nurse for Lab draws: cbc with diff, cmp, esr, crp weekly & fax to 410-427-2587 pharmacy: umms health solutions 443-462-5850, Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, infusion therapy: Clean port with alcohol swab IV: ceftriaxone 2gm daily for 30 minutes, via picc. Flush with 10cc NSS pre/post IV antibiotic administration and pre/post blood draw. Place cap. Skilled nurse to change PICC dressing weekly using aseptic technique, apply Biopatch or equivalent.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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

SN Goals

PATIENT-STATED GOAL: To get strength from 2 weeks ago, with ambulation

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

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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/04/2025

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and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

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

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (11/04/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25) ,WK3: 2 (11/16/25-11/22/25) ,WK4: 1 (11/23/25-11/29/25) ,WK5: 1 (11/30/25-12/06/25) ,WK6: 1 (12/07/25-12/13/25) ,WK7: 1 (12/14/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, 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: Medication Review- : medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk again

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

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Medication Review

OT Careplans

OT Goals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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OT WK1: 1 (11/04/25-11/08/25)

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: cough/deep breathing exercises, equipment training, work simplification/energy conservation, therapeutic exercises

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 - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

PATIENT-STATED GOAL: To be able to get in the shower

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 - 06. Independent

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

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

Toileting Hygiene - 06. Independent

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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