Home Health Certification and Plan of Care

Order ID: 1150/14090

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30431657250	07/24/2025	From: 11/20/2025 To: 01/19/2026	8466	217058

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

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

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

Tylenol - Acetaminophen 650 Mg, tablet by mouth every 6 hours As needed for pain
Vitamin D - Ergocalciferol 50,000 International Units 1.25mg. 1 tablet by mouth once a week
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 1tab by mouth once a day
Cranberry - Cranberry AZO 1 tablet by mouth once a day Azo Cranberry for frequent UTI
Lipitor - Atorvastatin Calcium eq 10 mg base 10 Mg, Take 10 mg tablet by mouth at bedtime
Allopurinol - Allopurinol 100 Mg, Take 100 mg tablet by mouth once a day As needed
Esomeprazole Magnesium - Esomeprazole Magnesium 20 mg 1 tab by mouth as necessary As needed for stomach pain
Lasix - Furosemide 20 mg tablet by mouth as necessary As needed for edema, 1xday
Zestril - Lisinopril 5 mg 1 tablet by mouth as necessary As needed
URE NA POWDER PACKS 1/2 pack PO once a day

14. DME and Supplies:
wound care supplies, rolling walker

15. Safety Measures:
transfer with assist, wheelchair precautions, walker precautions, , , ambulates with device, bathroom safety, , activity supervision, ambulates with assistance

16. Nutrition:
soft, regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing, Endurance

18.B. Activities Permitted
Wheelchair, Walker, , , Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., 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 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 Requiring Homecare: 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. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> 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.
 Date of Order 11/18/2025 Orders Physician Face-to-Face Date: 07/17/2025 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 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is being recertified due to UTI and cardiac disease
 Physician Liss, Roza

SN Careplans

SN WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26) ,WK9: 1 (01/11/26-01/17/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if

SN Goals

PATIENT-STATED GOAL: Unable to declare

GOALS
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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/18/2025

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.

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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: dark-colored urine

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 , 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 , Weigh patient each visit : Please Weigh patient each visit if possible , Physical therapy , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: As of 9/26/2025- To under the left breast wound site: Cleanse with normal saline, pat dry. Apply silver alginate. Cover with 4x4 gauze. Change Daily. (If 4x4 gauze gets moist may change the 4x4 gauze more than once a day). , 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/CO2 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

* 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

patient self-administers medications as prescribed
* 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 is adequately supervised

MEDICATION REVIEW

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
* 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
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/18/2025