# Home Health Certification and Plan of Care

**Order ID: 1150/14911**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 86234195 | 12/12/2025 | From: 12/12/2025 To: 02/09/2026 | 20425 | 217058 |

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

Nina Sorokina
6501 Chantilly Drive,
SYKESVILLE, MD 21784-
410-802-3487

**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** 07/21/1941 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| M80.072D | Age-rel osteopor w crnt path fx l ank/ft 7thD | 12/12/25 |
| 13. ICD | Other Pertinent Diagnoses | Date |

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

Ultram - Tramadol Hydrochloride 50 mg Oral Tab,Take 1 tablet by mouth every 6 hours as needed for pai
Toprol Xl - Metoprolol Tartrate 25 mg Oral 24hr SR Tab,Take half tablet by mouth once a day
Remeron - Mirtazapine 15 mg Oral Tab,Take half tablet by mouth at bedtime
Levothyroxine - Levothyroxine Sodium 88 mcg Oral Tab,Take 1 tablet by mouth in the morning 30 minutes before a meal
Diclofenac Sodium - Diclofenac Sodium 1 % Top Gel ,Apply 4 Grams topical four times a day to affected area(s) 4 times a day
Creon - Pancrelipase (Amylase:Lipase:Protease) 12,000-38,000 -60,000 unit Oral CPDR SR Cap,,Take 1 capsule by mouth three times a day with meals
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day by mouth daily
Vitamin C, Bcomplex, D, B12, Folic acid, Fish oil
Lasix - Furosemide 20 mg Oral Tab by mouth once a day As needed for edema once a day

**14. DME and Supplies:**
rolling walker, reacher, 4 wheeled walker

**15. Safety Measures:**
Heel walking affected LE

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
Exercises Prescribed, Transfer bed/Chair

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

**Homebound status:** Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, Left Ankle And Foot, Subsequent Encounter For Fracture With Routine Healing, 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 84-year-old female referred for home health physical therapy following left second through fourth metatarsal fractures that are being managed conservatively with CAM boot immobilization and heel weight-bearing for a minimum of six weeks. She currently presents with left foot pain accompanied by mild edema, impaired gait mechanics, decreased balance, reduced endurance, and limited functional mobility, all of which significantly restrict her ability to ambulate safely and perform functional transfers within the home. The patient demonstrates limited tolerance for prolonged standing and walking and requires assistance for mobility tasks. Her underlying diagnosis of osteoporosis combined with advanced age places her at an increased risk for falls and further injury. Skilled physical therapy services are medically necessary to address these deficits through gait training while adhering to CAM boot and weight-bearing precautions, transfer training, therapeutic balance activities, and progressive functional mobility interventions. Treatment will also emphasize patient education on safe mobility techniques, fall prevention strategies, and proper use of assistive devices. In addition, caregiver education will be provided to reinforce safety measures, support adherence to precautions, and promote optimal functional independence while reducing the risk of reinjury within the home

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 12/12/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

**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 : 12/08/2025

**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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environment. <br> Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 12/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Age-Related Osteoporosis With Current Pathological Fracture, Left Ankle And Foot, Subsequent Encounter For Fracture With Routine Healing 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 - PT Notes: soc <br> Physician Levine , Robert

## SN Careplans

## SN Goals

## PT Careplans

PT WK1: 1 (12/12/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26)

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1400 - Dyspnea, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: Medication Review-: Caregiver verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, home exercise program: Patient/Caregiver instructed in gentle, pain-free exercises to maintain strength and circulation while protecting left foot fracture. HEP includes ankle alphabet (boot off as instructed), seated LE exercises, and short, supervised ambulation with assistive device and CAM boot. Education provided on pacing, safety, and adherence to weight-bearing precautions., gait training on uneven surfaces, gait training/stair training, transfers training

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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, 1 - Step (curb) - 06. Independent, 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, Picking Up Object - 06. Independent

## PT Goals

PATIENT-STATED GOAL: to walk safely at home without falling while following foot fracture and CAM boot precautions.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

1 - Step (curb) - 06. Independent

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Sit to Stand - 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

Picking Up Object - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 12/12/2025 |