# Home Health Certification and Plan of Care

**Order ID: 1150/13934**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 42404359700 | 09/18/2025 | From: 11/16/2025 To: 01/15/2026 | 17568 | 217058 |

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

Ida Khazina
7601 Carla Road,
Pikesville, MD 21208-
443-850-5615

**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 01/12/1939 | 9.Sex Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L89.151 | Pressure ulcer of sacral region stage 1 | 09/18/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 09/18/25 |
| E11.9 | Type 2 diabetes mellitus without complications | 09/18/25 |
| M25.551 | Pain in right hip | 09/18/25 |
| M25.562 | Pain in left knee | 09/18/25 |
| M25.561 | Pain in right knee | 09/18/25 |
| Z46.6 | Encounter for fitting and adjustment of urinary device | 09/18/25 |
| L22. | Diaper dermatitis | 09/18/25 |
| G47.00 | Insomnia unspecified | 09/18/25 |
| F34.1 | Dysthymic disorder | 09/18/25 |
| F03.94 | Unspecified dementia unspecified severity with anxiety | 09/18/25 |
| B35.6 | Tinea cruris | 09/18/25 |
| H91.93 | Unspecified hearing loss bilateral | 09/18/25 |
| E55.9 | Vitamin D deficiency unspecified | 09/18/25 |
| E78.5 | Hyperlipidemia unspecified | 09/18/25 |
| Z79.51 | Long term (current) use of inhaled steroids | 09/18/25 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 09/18/25 |
| Z74.01 | Bed confinement status | 09/18/25 |
| Z91.81 | History of falling | 09/18/25 |

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

Memantine HCl 5 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Silver sulfADIAZINE 1% External Cream, Apply 1 application to affected area topical twice a day Apply 1 application topically to affected area 2 times per N/Aday
traMADol HCl 50 MG , Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed
Atorvastatin Calcium - Atorvastatin Calcium 10 MG , Take 1 tablet by mouth at bedtime Take 1 tablet (10 mg) by mouth qhs
Esomeprazole Magnesium - Esomeprazole Magnesium 40 MG , Take 1 capsule by mouth once a day Take 1 capsule (40 mg) by mouth daily 1 hour before breakfast
Docusate Sodium - Docusate Sodium 100 MG , Take 1 capsule by mouth twice a day Take 1 capsule (100 mg) by mouth 2 times per day for constipation
Folic Acid - Folic Acid 1 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT , 2 sprays in each nostril (Nasal Suspension ) Nasal once a day 2 sprays intranasally daily in each nostril
Zolpidem Tartrate - Zolpidem Tartrate 10 MG , Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime as needed
Januvia - Sitagliptin Phosphate 100 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Bystolic - Nebivolol Hydrochloride 10 MG , Take 1 tablet by mouth once a day Take 1 tablet (10 mg) by mouth daily
Ergocalciferol - Ergocalciferol 1.25 MG (50000 UT) , take 1 capsule by mouth once a week take 1 capsule (50000 iu) by mouth biweekly
Nystatin - Nystatin 100000 UNIT/GM , Apply 1 application cream to affected area topical twice a day Apply 1 application topically to affected area 2 times per day
Jardiance - Empagliflozin 10 MG , Take 1 tablet by mouth in the morning Take 1 tablet by mouth daily in the morning
Ammonium Lactate - Ammonium Lactate 12% External Cream , 1 application to affected area topical twice a day 1 application topically to affected area 2 times per day
Fluocinolone Acetonide - Fluocinolone Acetonide 0.01% External Cream , Apply 1 application to affected area topical twice a day Apply 1 application topically to affected area 2 times per day
Seroquel - Quetiapine Fumarate eq 50 mg base 1 tablet by mouth at bedtime 50 mg seroquel nightly
Seroquel - Quetiapine Fumarate eq 25 mg base 25 mg by mouth in the evening PRN around 3pm or 5PM for agitation
Sertraline HCl 100 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily

14. DME and Supplies:

15. Safety Measures:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Slava Kreynovich NP
2005 Jolly Road
Baltimore, MD 21209
PHONE: 4109419040 FAX: 14109410027 NPI: 1265763155

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 : 09/16/2025

27. Attending Physician's Signature and Date Signed **11/18/2025** 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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| | |
|---|---|
| urinary/catheter supplies, walker, wheelchair, rolling walker, commode | emergency phone # clearly displayed, walker precautions, transfer with assist, , , infectious material management, hand rails, , , ambulates with device, activity supervision |

| 16. Nutrition: | 17. Allergies: |
|---|---|
| regular, fluids for hydration | no known allergies |

| 18.A. Functional Limitations | 18.B. Activities Permitted |
|---|---|
| Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence | Walker, , Exercises Prescribed |

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 4. Constantly, 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 Pressure Ulcer Of Sacral Region Stage 1, 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 resides with cousins in a single-family ranch-style home without steps and currently sleeps in a queen-sized bed. The patient requires total assistance with all activities of daily living (ADLs), and a hospital bed is recommended to facilitate safe and effective personal care, as turning and repositioning are very difficult for the caregiver, who also has health concerns. The caregiver reported that the patient experienced a fall on 9/15, requiring 911 assistance, and the patient has since complained of pain and soreness. The physician referred the patient to home health services. A 16 Fr Foley catheter was placed during the visit, with urine noted to be brown in color; an order is needed for a urine specimen to rule out urinary tract infection. The skilled nurse educated the caregiver on Foley catheter care, including how to empty the urine bag and recognize symptoms to report to the agency. The caregiver demonstrated understanding through return demonstration. Redness and rash were observed in the perineal, groin, and anal areas, likely contact dermatitis related to urine exposure, as well as a facial rash. Skilled nursing is scheduled for six weeks for ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, education, disease management, and Foley care/teaching. Referrals for PT and OT evaluations and a home health aide to assist with ADLs were initiated. At present, the patient is dependent with ADLs but was previously able to assist with dressing, bathing, and perform stand-pivot transfers before the fall. The patient is able to follow one-step directions. <br> Date of Order 11/11/2025 Orders Physician Face-to-Face Date: 09/16/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management, Verbal Order for PT/OT Evaluation and Home Health Aide due to Pressure Ulcer Of Sacral Region Stage 1 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: Patient is being recertified due to maintenance of foley catheter <br> Physician Kreynovich Np, Slava

## SN Careplans

SN WK1: 1 (11/16/25-11/22/25) ,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)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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: leaking of urine from catheter, blood in urine, increased urine output, foul-smelling urine, weak hand grips, loss of appetite, tooth pain/decay/sensitivity, discolored patches of skin, red/tender pressure points

PROCEDURES: LAB ORDER: Skilled nurse to obtain UA and C&S as needed. Use labcorp, LAB ORDER: Skilled nurse to obtain UA and C&S as needed. Use labcorp, Medication Review- : Medications reviewed with patient/caregiver., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, catheter change, care & irrigation: Skilled nurse to change 16fr 30 cc foley catheter change every 6 weeks and as needed., 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: * 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 and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective

## SN Goals

PATIENT-STATED GOAL: regain stregth

GOALS
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/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

caregiver recalls how to
* inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame
* ensure the top of the bed rail is at least 4 inches (100mm) above the mattress
* to avoid using bed rails with a soft mattress to decrease entrapment risk

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/caregiver recalls
* basic oral hygiene regimen including basic toothbrushing and flossing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to control and manage pain
* adequate fluid intake
* monitor for S&S of infection
* high fiber diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* hernia care including avoidance of lifting

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
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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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, 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, * basic oral hygiene regimen including basic toothbrushing and flossing, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to control and manage pain adequate fluid intake monitor for S&S of infection high fiber diet, related medication(s) purpose, schedule, * hernia care including avoidance of lifting avoidance of smoking, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver, how to inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame ensure the top of the bed rail is at least 4 inches (100mm) above the mattress to avoid using bed rails with a soft mattress to decrease entrapment risk, Catheter care

* avoidance of smoking
* recalls related medication(s) purpose, schedule

Catheter care

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/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
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patient is adequately supervised

meal preparation is available to patient for all meals

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
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