Home Health Certification and Plan of Care

Order ID: 1150/15461

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: 01/20/2026 To: 03/20/2026	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, wheelchair, walker, rolling walker

15. Safety Measures:
transfer with assist, walker precautions, , , infectious material management, , bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
fluids for hydration, soft, high protein, high fiber, Thickened liquids

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, , Hearing,

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

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, 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: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
patient to receive home care indefinately

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. Assessment 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 01/16/2026 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 a 100 year old female with a history of chf, Chronic UTIS causing a change in level of consciousness, hyperlipidemia. The patient has a wound unopened that has not changed, on posterior midline, under the left breast slow healing scratch/wound because patient scratches at night time. The patient is being monitored for weight gain, nutritional purposes, vital sign check, wound check. Physician Liss, Roza

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/16/2026

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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SN WK1: 1 (01/20/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26)

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: 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: #4 - Laceration - Anterior Left Upper Chest -

PROCEDURES: physician-ordered wound care: #3 - Other - Posterior Midline -, physician-ordered wound care: #2 - Other - Posterior Left Buttock - Diffuse redness on backside, physician-ordered wound care: #4 - Laceration - Anterior Left Upper Chest -, physician-ordered wound care: #1 - Laceration - Anterior Left Elbow/Forearm -, MEDICATION REVIEW : Medications reviewed with patient or caregiver , Skin care/wound care maceration of buttock region: Clean daily with soap and water. 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 Cover with pink foam bandage. Monitor for signs and symptoms of infection, Weigh patient each visit : Please Weigh patient each visit if possible , cough/deep breathing exercises, 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 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, * 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 medicatio, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * 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, * low-fat diet lifestyle modifications to manage esophageal condition, 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 manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 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

PATIENT-STATED GOAL: Caregiver wants to prevent patient from going into hospital amd prevent new skin openings.

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 medicatio

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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
* 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

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

meal preparation is available to patient for all meals

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
* 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 inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient is adequately supervised

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/16/2026

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MEDICATION REVIEW

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
* 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
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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