Home Health Certification and Plan of Care

Order ID: 1150/15554

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7VG8MK0TK52	01/18/2026	From: 01/18/2026 To: 03/18/2026	3181	217058

6. Patient's Name and Address

Alla Koltunova
6940 Marsue Dr 2B,
BALTIMORE, MD 21215-
443-769-6904

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 05/08/1935 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/18/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	01/18/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/18/26
N18.30	Chronic kidney disease stage 3 unspecified	01/18/26
D63.1	Anemia in chronic kidney disease	01/18/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	01/18/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	01/18/26
J30.9	Allergic rhinitis unspecified	01/18/26
I48.20	Chronic atrial fibrillation unspecified	01/18/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/18/26
J44.9	Chronic obstructive pulmonary disease unspecified	01/18/26
E03.9	Hypothyroidism unspecified	01/18/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	01/18/26
E78.5	Hyperlipidemia unspecified	01/18/26
I49.9	Cardiac arrhythmia unspecified	01/18/26
F41.9	Anxiety disorder unspecified	01/18/26
F32.A	Depression unspecified	01/18/26
M19.90	Unspecified osteoarthritis unspecified site	01/18/26
M54.9	Dorsalgia unspecified	01/18/26
G89.29	Other chronic pain	01/18/26
H54.8	Legal blindness as defined in USA	01/18/26
H91.93	Unspecified hearing loss bilateral	01/18/26
Z86.16	Personal history of COVID-19	01/18/26
Z95.0	Presence of cardiac pacemaker	01/18/26
Z79.01	Long term (current) use of anticoagulants	01/18/26
Z79.4	Long term (current) use of insulin	01/18/26

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

mirabegron (mybetriq) 50mg oral tablet , extended release) 1 tablet by mouth once a day Bladder
ocular lubricant (refresh dry eye therapy) 1 drops each eye drops as necessary As needed for dryness
apixaban 2.5mg oral tablet, 1 tablet by mouth twice a day Blood thinner
Livalo - Pitavastatin Calcium 2mg oral tablet, 1 tablet by mouth once a day Cholesterol
Lexapro - Escitalopram Oxalate 20mg oral tablet , 1 tablet by mouth once a day Depression
Furosemide - Furosemide 20mg oral tablet, take 1 tablet by mouth once a day Edema
Amiodarone - Amiodarone Hydrochloride 200mg by mouth once a day Heart rate
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day Blood pressure
Oxygen - Oxygen 2L/min nasal cannula as necessary For dyspnea
semaglutide (rybelsus 14 mg oral tablet) by mouth once a day
Levothyroxine - Levothyroxine Sodium 137 mcg(0.125mg) oral capsule , 1 capsule by mouth once a day Thyroid
Buspirone Hcl - Buspirone Hydrochloride 5 mg by mouth twice a day Mood anxiety
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth before meal Stomach
Calcitriol - Calcitriol 0.25mcg 1 tab by mouth threee times per week
Folic Acid - Folic Acid 5 mg/ml 1 tab by mouth in the morning
Basaglar - Insulin Glargine 8.5 intramuscular in the morning DM
Novolog - Insulin Aspart Recombinant 100 units/ml 4 units intramuscular twice a day DM am and pm
Aristocort A - Triamcinolone Acetonide 0.1 perc To affected area topical three times a day Prn for rash
Loratidine - Loratadine 10 mg by mouth in the morning Rash
Kenalog - Triamcinolone Acetonide 0.1 perc topical three times a day Apply to skin 2-3 times daily as needed for dermatitis
Methylprednisolone - Methylprednisolone 4 mg Follow directions by mouth before meal Prednisone pack started Saturday ends on Thursday
Acetaminophen - Acetaminophen 500 mg by mouth every 6 hours For pain
Lidocaine Patch - Lidocaine 4 mg transdermal once a day To left ankle
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 by mouth in the morning
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg by mouth at bedtime
Ezetimibe - Ezetimibe 10mg by mouth once a day
Aspirin 81Mg - Aspirin 81 by mouth in the morning

14. DME and Supplies:

walker, diabetic supplies

15. Safety Measures:

walker precautions, , sharps precautions, , diabetic precautions, cardiac precautions, ambulates with device, , ambulates with assistance

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Legally Blind, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/18/2026

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 : 12/30/2025

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 Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4/Unspecified Chronic Kidney Disease, 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 90-year-old individual who returned home following a recent hospitalization and subsequent rehabilitation stay related to sepsis, multiple falls, and functional decline, with additional complications including left eye blindness and bilateral visual impairment. The patient is alert but forgetful at baseline and is oriented to self only (A+Ox1). Past medical history is significant for hypertension, diabetes mellitus, congestive heart failure, chronic kidney disease, atrial fibrillation, chronic obstructive pulmonary disease, anemia, hypothyroidism, osteoarthritis, depression, and anxiety. The patient resides with family support and requires continuous supervision and assistance. Conflicting housing details were noted in prior documentation; however, the patient currently lives with a daughter and receives aide services in the morning and evening. The patient is considered homebound due to the significant effort required to leave the home and is further supported by a Tinetti score of 12/28, indicating a high fall risk. The patient is incontinent, though skin integrity is intact at this time. Functionally, the patient ambulates approximately 30 feet twice with a rolling walker and requires contact guard assistance, as well as supervision at all times for safety. Transfers to and from bed and chair are performed with supervision, and bed mobility requires supervision and verbal encouragement. The patient demonstrates decreased endurance, strength, and functional mobility, with increased assistance needed for activities of daily living following the recent illness and hospitalization. Due to visual impairment and generalized weakness, the patient remains at high risk for falls. During therapy sessions, the patient tolerated therapeutic exercises including supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, seated knee extension, and ankle pumps, performing 10 repetitions of each with verbal cues for proper technique. Outside ambulation, stair negotiation, and car transfers were not assessed at this time. The patient has been referred to home health services for skilled nursing, physical therapy, and occupational therapy evaluations. Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> are recommended at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> in the first week followed by one visit per week for three weeks, with the next skilled nursing visit scheduled for Wednesday. Physical therapy is recommended to address deficits in strength, balance, gait, and functional mobility to reduce fall risk and improve safety within the home. Occupational therapy is indicated to address limitations in activities of daily living, functional endurance, and safety awareness, particularly in the context of visual impairment. Education has been initiated regarding safe ambulation with a walker, the importance of supervision, and adherence to prescribed therapy. The plan of care focuses on maximizing functional independence, improving mobility and endurance, maintaining skin integrity, and supporting the patient and family in managing ongoing medical and functional needs safely within the home environment.
 Date of Order 01/18/2026 Orders Physician Face-to-Face Date: 12/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4/Unspecified Chronic Kidney Disease 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 Kreynovich Np, Slava

SN Careplans

SN WK1: 2 (01/18/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26)

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: 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, 8. Currently reports exhaustion

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: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited range of motion, limited strength, B1000 - Vision Deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, bladder training, coordinate/arrange resources for vision-impaired

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

SN Goals

PATIENT-STATED GOAL: I don't want to fall again

GOALS
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

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, sch

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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* 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 m

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/18/2026

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medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 relaxatio, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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 medic, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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/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) purpos

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 medic

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 relaxatio

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

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 2 (01/18/26-01/24/26) ,WK2: 2 (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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PT Goals

PATIENT-STATED GOAL: I want to be able to go out shopping

GOALS
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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , incentive spirometer, 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 medicatio, * 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 relaxatio, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 1 - Step (curb) - 06. Independent, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 06. Independent, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

* recalls related medicatio

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 relaxatio

Sit to Stand - 05. Setup or clean-up assistance

1 - Step (curb) - 06. Independent

Car Transfer - 06. Independent

Chair to Bed to Chair - 05. Setup or clean-up assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 2 (01/18/26-01/24/26) ,WK2: 2 (01/25/26-01/31/26) ,WK3: 2 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Transfer training, safety during ADLs and IADLs, Increase endurance to F+, equipment training, work simplification/energy conservation

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 medicatio, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Increase endurance to F+

OT Goals

PATIENT-STATED GOAL: get better

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

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Increase endurance to F+

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
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