

Home Health Certification and Plan of Care				Order ID: 1150/14404	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
66154808		11/23/2025		From: 11/23/2025 To: 01/21/2026	
				4. Medical Record No.	
				19865	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Gerald Sheinbach				HomeCentris Healthcare LLC	
250 President Street Unit 1401,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21202-				Owings Mills, MD 21117-8284	
410-812-8792				410-321-8448	
				1487113239	
8. DOB 04/15/1931 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD 113.0		Principal Diagnosis		Acetaminophen - Acetaminophen 325 mg, Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours as needed for MILD Pain (or if patient requests it for moderate or severe pain) or Fever (temp in PRN comment) (for fever > 38.0 and notify physician)	
		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		Eliquis - Apixaban 2.5 MG, Take 1 tablet by mouth twice a day	
13. ICD 150.9		Other Pertinent Diagnoses		Amlodipine - Amlodipine Besylate 10 MG, Take 10 mg Tablet by mouth once a day	
		Heart failure unspecified		Furosemide - Furosemide 40 MG tablet, Take 40 mg by mouth once a day	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		Glipizide - Glipizide 5 MG tablet, Take 2.5 mg by mouth in the morning Take 2.5 mg by mouth every morning.	
N18.30		Chronic kidney disease stage 3 unspecified		Patient is instructed to hold AM dose on dos 6/3/22.	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		Metformin - Metformin Hydrochloride 500 MG tablet, Take 250 mg by mouth twice a day Take 250 mg by mouth 2 times daily with meals.	
J44.9		Chronic obstructive pulmonary disease unspecified			
I48.92		Unspecified atrial flutter			
I08.1		Rheumatic disorders of both mitral and tricuspid valves			
E78.5		Hyperlipidemia unspecified			
M10.9		Gout unspecified			
L12.0		Bullous pemphigoid			
Z95.1		Presence of aortocoronary bypass graft			
Z95.4		Presence of other heart-valve replacement			
Z79.84		Long term (current) use of oral hypoglycemic drugs			
Z79.82		Long term (current) use of aspirin			
14. DME and Supplies:				15. Safety Measures:	
rolling walker				transfer with assist, standard precautions, medication safety, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, ambulates with device, ambulates with assistance	
16. Nutrition:				17. Allergies:	
diabetic				iodine	
18.A. Functional Limitations				18.B. Activities Permitted	
Dyspnea With Minimal Exertion, Hearing, Endurance				Up As Tolerated	
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: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or 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: <p class="MsoNoSpacing">The patient is a 94-year-old male with a complex medical history including COPD, coronary artery disease status post CABG, TAVR, atrial flutter (not on anticoagulation), hypertension, HFpEF, hyperlipidemia, type 2 diabetes, stage 3 chronic kidney disease, gout, and bullous pemphigoid. He presented to Kaiser Permanente urgent care with several days of left-sided flank and lower back pain, without fever or chills, as well as dyspnea on exertion and intermittent dry cough. Evaluation revealed a left-sided ureteral stone at the UVJ or already passed into the bladder, improving acute kidney injury, fluid overload, and controlled-rate atrial flutter. Imaging suggested possible acute cholecystitis, though he denied right upper quadrant pain. The patient was recently hospitalized for a CHF exacerbation. He lives with a long-time friend in an elevator-accessible apartment and ambulates up to 30 feet indoors with a three-wheeled walker under supervision. He requires supervision for transfers and bed mobility, and is considered homebound due to the significant effort required to leave his home, supported by a Tinetti score of 12/28. He tolerated standing therapeutic exercises including knee flexion, hip abduction and extension, plantarflexion, and squats (10 repetitions each). Per start-of-care documentation, he is recommended for home health services following hospitalization for kidney stones and atrial fibrillation, with additional history of heart failure, diabetes, CKD stage 3, and COPD. He resides in a single-level home with his wife, has intact skin, and is scheduled for skilled nursing visits (2w1, 1w3). PT and OT evaluations were ordered. The OT evaluation noted deficits in ADLs, recent right-shoulder weakness, and safety concerns, recommending OT services once weekly for three weeks for ADL training, therapeutic exercise, home exercise program instruction, and safety training.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">11/23/2025 <o:p></o:p></p> <p class="MsoNoSpacing">Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 11/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or 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<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes: OT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Dicocco, Eva</p>					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/23/2025					
24. Physician's Name and Address				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.	
Eva Dicocco				F2F date : 11/21/2025	
7141 Security Blvd					
Woodlawn, MD 21244					
PHONE: 443-663-6000 FAX: 14436636215 NPI: 1598990624					
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 (11/23/25-11/29/25) 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: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited endurance, muscle weakness, limited strength PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, glucose testing via monitor, coordinate/arrange for adequate patient supervision 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence			PATIENT-STATED GOAL: I want to get stronger 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 * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 * how to manage gout flare-ups including non-medical pain relief * dietary modifications * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver performs medical/rehabilitation treatments with adequate competence		
PT Careplans			PT Goals		
PT WK1: 2 (11/23/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26) ,WK7: 1 (01/04/26-01/10/26) ,WK8: 1 (01/11/26-01/17/26) 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 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 , Dynamic and static standing balance training, cough/deep breathing exercises, 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance			PATIENT-STATED GOAL: I would like to walk with my cane and not need the walker 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 * recalls related medication(s) purpose, schedule 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 Car Transfer - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching 1 - Step (curb) - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance		
OT Careplans			OT Goals		
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			11/23/2025		

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OT WK1: 1 (11/23/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, therapeutic exercises 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent		PATIENT-STATED GOAL: For my R arm to get better. GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent		

Signature of Physician:	Date
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