Home Health Certification and Plan of Care

Order ID: 1150/15201

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1J68QV5JH31	12/29/2025	From: 12/29/2025 To: 02/26/2026	20783	217058

6. Patient's Name and Address

Yuriy Gayevskiy
3430 Associated Way Apt 302,
OWINGS MILLS, MD 21117-
443-904-4867

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 06/16/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M17.0	Bilateral primary osteoarthritis of knee	12/29/25

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	12/29/25
I50.9	Heart failure unspecified	12/29/25
F32.9	Major depressive disorder single episode unspecified	12/29/25
J43.9	Emphysema unspecified	12/29/25
D51.3	Other dietary vitamin B12 deficiency anemia	12/29/25
E55.9	Vitamin D deficiency unspecified	12/29/25
K43.9	Ventral hernia without obstruction or gangrene	12/29/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/29/25
N13.8	Other obstructive and reflux uropathy	12/29/25
E78.2	Mixed hyperlipidemia	12/29/25
G25.2	Other specified forms of tremor	12/29/25
M19.90	Unspecified osteoarthritis unspecified site	12/29/25
I48.20	Chronic atrial fibrillation unspecified	12/29/25
J31.0	Chronic rhinitis	12/29/25
I49.5	Sick sinus syndrome	12/29/25
D64.9	Anemia unspecified	12/29/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/29/25
K59.00	Constipation unspecified	12/29/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/29/25
H26.9	Unspecified cataract	12/29/25
D47.2	Monoclonal gammopathy	12/29/25
N32.81	Overactive bladder	12/29/25
E21.0	Primary hyperparathyroidism	12/29/25
R41.3	Other amnesia	12/29/25
R53.1	Weakness	12/29/25
R26.2	Difficulty in walking not elsewhere classified	12/29/25
Z86.16	Personal history of COVID-19	12/29/25
Z79.01	Long term (current) use of anticoagulants	12/29/25
Z79.51	Long term (current) use of inhaled steroids	12/29/25

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG Oral Capsule , Take 1 capsule (0.4 mg) by mouth once a day Take 1 capsule (0.4 mg) by mouth daily 30 minutes N/Aafter the same meal each day
Nitroglycerin - Nitroglycerin 0.4 MG Sublingual Tablet, Place 1 tablet (0.4 mg) under the tongue and allow to dissolve one time sublingual as necessary Place 1 tablet (0.4 mg) under the N/A- tongue and allow to dissolve one time
Finasteride - Finasteride 5 MG , Take 1 tablet (5 - mg) by mouth once a day Take 1 tablet (5 N/A- mg) by mouth daily
Escitalopram Oxalate - Escitalopram Oxalate 20 MG Oral Tablet, Take 1 tablet (20 mg) by mouth once a day Take 1 tablet (20 mg) by mouth daily
Esomeprazole Magnesium - Esomeprazole Magnesium 40 MG, Take 1 capsule (40 mg) by mouth once a day Take 1 capsule (40 mg) by mouth daily
Colace - Docusate Sodium 100 MG, Take 1 capsule (100 mg) by mouth twice a day Take 1 capsule (100 mg) by mouth 2 times per day as needed
Simvastatin - Simvastatin 20 MG, Take 1 tablet (20 mg) by mouth once a day Take 1 tablet (20 mg) by mouth daily in the evening
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 25 MG , Take half of a tablet by mouth once a day Take half of a tablet by mouth daily
Myrbetriq - Mirabegron 50 MG, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Farxiga - Dapagliflozin Propanediol 1 tablet 10 mg by mouth once a day Heart
Eplerenone - Eplerenone 25 MG, Take 1 tablet (25 mg) by mouth once a day Heart health
Furosemide - Furosemide 40 MG, Take 1 tablet by mouth once a day Edema
Ergocalciferol - Ergocalciferol 50,000 International Units 1.25 MG (50000 UT) , Take 1 capsule (50,000 units) by mouth once a week Supplement
Eliquis - Apixaban 5 MG, Take 1 tablet by mouth twice a day Blood thinner
Spiriva - Tiotropium Bromide Monohydrate eq 0.018 mg base/inh 2.5 MCG/ACT, Inhale 2 puffs inhalant once a day Breathing
Fluticasone - Fluticasone Furoate 50 MCG/ACT, Inhale 1 spray inhalant twice a day Inhale 1 spray into nostril 2 times per day in each nostril
Zenpep - Pancrelipase (Amylase:Lipase:Protease) 27,000usp units;5,000usp units;17,000usp units 1 tablet by mouth once a day Supplement
Ibuprofen - Ibuprofen 200 mg 1-2 tablets by mouth every 6 hours As needed for pain
Acetaminophen - Acetaminophen 500 mg, 2 tablets by mouth every 6 hours As needed for pain

14. DME and Supplies:
commode, cane, rolling walker, bath bench

15. Safety Measures:
electrical safety measures, emergency phone number prominently displayed, , bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, 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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from

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 12/29/2025

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 : 12/22/2025

27. Attending Physician's Signature and Date Signed **01/08/2026**: 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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another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

Homebound status: Due to diagnosis of Bilateral Primary Osteoarthritis Of Knee , 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:

A physical therapy start-of-care evaluation was completed for this 88-year-old male patient with a past medical history significant for hypertension, heart failure, benign prostatic hyperplasia, osteoarthritis, and cardiac arrhythmia status post pacemaker placement. The patient was referred for skilled home physical therapy services secondary to progressively worsening low back pain and bilateral lower extremity weakness. The patient reports a gradual functional decline over the past year related to osteoarthritis, resulting in decreased activity tolerance and mobility. On evaluation, the patient presents with significantly reduced bilateral lower extremity strength, measured at approximately 3-/5 on manual muscle testing. He currently requires contact guard assistance for transfers and short-distance ambulation using a rolling walker. Gait assessment reveals an upright posture with notably slow cadence, shortened step length, and reports of low back pain accompanied by pressure and cramping sensations in both knees during ambulation. The patient additionally reports numbness and tingling in his fingers. Functional mobility limitations place the patient at increased risk for falls and reduced independence with activities of daily living. Initial physical therapy intervention included education and instruction in a home exercise program consisting of seated bilateral lower extremity therapeutic exercises, including knee extensions and hip flexion, to be performed 5-10 repetitions daily as tolerated, with instruction to monitor and limit activity based on shortness of breath and overall endurance. The patient demonstrates good potential to benefit from continued skilled physical therapy services focused on improving lower extremity strength, balance, gait mechanics, and overall safety with functional mobility to facilitate a return toward his prior level of function. Due to noted difficulty with activities of daily living and functional tasks, an occupational therapy evaluation is recommended to further assess and address self-care needs. A verbal order for occupational therapy evaluation was obtained from Slava Kreynovich, NP.
 Date of Order 12/29/2025 Orders Physician Face-to-Face Date: 12/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Bilateral Primary Osteoarthritis Of Knee 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 - PT Notes: soc OT Eval Notes: Eval and Treat Physician Kreynovich Np, Slava

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (12/29/25-01/03/26) ,WK3: 2 (01/11/26-01/17/26) ,WK4: 2 (01/18/26-01/24/26) ,WK5: 1 (01/25/26-01/31/26) ,WK6: 1 (02/01/26-02/07/26) ,WK7: 1 (02/08/26-02/14/26)	PATIENT-STATED GOAL: To be able to walk without pain
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	GOALS patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	
HOSPITALIZATION RISKS: 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	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 promo
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:POLST (Physician Orders for Life-Sustaining Treatment)	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
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal	caregiver administers and/or packages medications appropriately Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/29/2025

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assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1610 - Urinary Incontinence, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, strengthening exercises, dynamic standing balance exercises, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * 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, * 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 promo, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, Toilet Transfer - 05. Setup or clean-up 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, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

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

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 06. Independent

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

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