

Home Health Certification and Plan of Care				Order ID: 1150/15385	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9XY0UG4DC20		01/10/2026		From: 01/10/2026 To: 03/10/2026	
				21075	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Eliza Banks 4127 Callaway Ave, Baltimore, MD 21215- 443-722-5414			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
11/21/1941			Female		
11. ICD		Principal Diagnosis		Date	
I12.0		Hyp chr kidney disease w stage 5 chr kidney disease or ESRD		01/10/26	
13. ICD		Other Pertinent Diagnoses		Date	
N18.6		End stage renal disease		01/10/26	
D63.1		Anemia in chronic kidney disease		01/10/26	
N25.81		Secondary hyperparathyroidism of renal origin		01/10/26	
S72.011D		Unsp intracap fx right femur subs for clos fx w routn heal		01/10/26	
I48.0		Paroxysmal atrial fibrillation		01/10/26	
I48.92		Unspecified atrial flutter		01/10/26	
I27.20		Pulmonary hypertension unspecified		01/10/26	
I95.9		Hypotension unspecified		01/10/26	
K59.00		Constipation unspecified		01/10/26	
Z79.82		Long term (current) use of aspirin		01/10/26	
Z79.01		Long term (current) use of anticoagulants		01/10/26	
Z96.641		Presence of right artificial hip joint		01/10/26	
14. DME and Supplies:			15. Safety Measures:		
bath bench, walker, cane			ambulates with device, walker precautions, ,		
16. Nutrition:			17. Allergies:		
renal diet, , cardiac diet,			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Cane, Walker, Exercises Prescribed		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Psychosocial Status: 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 Chronic Kidney Disease With Stage 5 Chronic Kidney Disease Or End-Stage Renal 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: <div>The patient is an 84-year-old female admitted to home health services for skilled nursing, physical therapy, and occupational therapy evaluations, with occupational therapy to further assess the need for a home health aide once the bathroom setup is completed. Skilled nursing services are ordered at a frequency of 1 visit per week for 12 weeks, then 1 visit per week for 1 week, followed by 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> in the final week. The patient's past medical history is significant for type 2 diabetes mellitus, anemia, end-stage renal disease on hemodialysis three times weekly (Monday, Wednesday, Friday), history of frequent falls, essential hypertension, atrial fibrillation on Eliquis, hypotension, and a history of type A aortic dissection status post repair. Family members provide assistance with all activities of daily living and instrumental activities of daily living. At the skilled nursing visit, the patient was alert and oriented to person, place, and time. She denied pain at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> but reported a history of right knee and right arm pain. She had not taken any medications prior to the visit. The patient denied shortness of breath; lung sounds were clear to auscultation bilaterally. Appetite was reported as good, with the last bowel movement occurring the previous night. The patient is anuric due to ESRD. Examination of the right arm revealed a functioning arteriovenous fistula with palpable thrill and audible bruit. Trace to +1 bilateral lower extremity edema was noted. The patient ambulates using a rolling walker for safety. Skilled nursing reviewed all current medications with the patient and granddaughter, including dosage, frequency, and pertinent side effects; both the patient and granddaughter were receptive to medication education. Physical therapy evaluation revealed that the patient was recently hospitalized following a fall that resulted in a right hip fracture, for which she underwent right hip arthroplasty. Prior to hospitalization, she ambulated independently without an assistive device indoors and used a single-point cane outdoors. Currently, she presents with decreased lower extremity strength, measured at 2-/5 manual muscle testing in the right lower extremity and 3+/5 in the left lower extremity. She requires contact guard assistance for transfers and short-distance ambulation with a rolling walker, demonstrating short step length and gait limitations due to right-sided pain. Physical therapy instructed the patient in safe stair negotiation techniques and practiced ascending one step using the rolling walker for support, which the patient completed with contact guard assistance. Education was also provided on increasing step length during ambulation to promote a more normalized gait pattern. The patient would benefit from continued skilled physical therapy services to improve strength, balance, safety, and independence with functional mobility in order to return to her prior level of function. Occupational therapy evaluation noted that the patient is status post right hip fracture secondary to a fall caused by dizziness while ambulating out of the bathroom; she also sustained a right shoulder injury during the fall. The patient is currently residing on the first floor of the home. Although a stair glide is present, she must still negotiate one step to the landing, which she is not yet able to do safely. Due to the absence of a bathroom on the first floor, the patient is currently wearing diapers and declined the use of a bedside commode, stating she anticipates returning upstairs soon. Family has purchased suction grab bars, a raised toilet seat, and a tub seat in preparation for safe bathroom use. A home health aide will be added once the bathroom setup is completed. The patient would benefit from skilled occupational therapy services at a frequency of 1 visit per week for 5 weeks to address activities of daily living training, adaptive equipment education, therapeutic exercises, home exercise program instruction, functional mobility training, and safety education. An initial home exercise program was initiated, including backward shoulder rolls and supine cane-assisted shoulder flexion exercises.</div> <div> </div><div>Date of Order</div><div>01/10/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/26/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Chronic Kidney Disease With Stage 5 Chronic Kidney Disease Or End-Stage Renal Disease</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/10/2026					
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.		
YURY MALACHEVSKY 2700 Quarry Lake Dr Ste 280 BALTIMORE, MD 21215 PHONE: 4104695544 FAX: 14105852867 NPI: 1326443086			F2F date : 12/26/2025		
27. Attending Physician's Signature and Date Signed			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.		
01/19/2026 Date of physician last face-to-face			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/15385	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9XY0UG4DC20		01/10/2026		From: 01/10/2026 To: 03/10/2026	
				21075	
6. Patient's Name and Address		7. Provider's Name, Address and Telephone Number			
Eliza Banks		HomeCentris Healthcare LLC			
4127 Callaway Ave,		10 Crossroads Drive, Suite 102			
Baltimore, MD 21215-		Owings Mills, MD 21117-8284			
443-722-5414		410-321-8448			
		1487113239			
crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div> </div><div>Physician</div><div>Malachevsky, Yury</div>					
SN Careplans			SN Goals		
SN WK1: 1 (01/10/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26)			PATIENT-STATED GOAL: PATIENT WANTS TO GET BETTER AND STRONGER		
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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet		
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			* exercise		
Advance Directive:No Advance Directive			* monitoring of blood pressure		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited range of motion, limited strength, limited endurance, weak hand grips, balance deficit			* blood sugar		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, monitor dialysis schedule			* home		
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 medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* pain control		
			* therapeutic exercises to optimize range of motion of affected area		
			* diet and fluids to promote healing		
			* 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		
			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		
			* strategies to minimize fatigue and exhaustion including work simplification		
			* energy conservation		
			* lifestyle changes		
			* diet		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			meal preparation is available to patient for all meals		
PT Careplans			PT Goals		
PT WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26) ,WK7: 1 (02/15/26-02/21/26) ,WK8: 1 (02/22/26-02/28/26) ,WK9: 1 (03/01/26-03/07/26)			PATIENT-STATED GOAL: To be able to walk without pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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			GOALS		
PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training/stair training, transfers training			patient/caregiver recalls		
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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Medication Review			* 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 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		
			Chair to Bed to Chair - 05. Setup or clean-up assistance		
			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			01/10/2026		

Home Health Certification and Plan of Care				Order ID: 1150/15385	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9XY0UG4DC20		01/10/2026		From: 01/10/2026 To: 03/10/2026	
				4. Medical Record No.	
				21075	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Eliza Banks			HomeCentris Healthcare LLC		
4127 Callaway Ave,			10 Crossroads Drive, Suite 102		
Baltimore, MD 21215-			Owings Mills, MD 21117-8284		
443-722-5414			410-321-8448		
			1487113239		
			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		
			Car Transfer - 06. Independent		
			Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance		
			Medication Review		
OT Careplans			OT Goals		
OT WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)			PATIENT-STATED GOAL: To do what I usually do		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, 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			GOALS		
PROCEDURES: heat application, therapeutic exercises, equipment training, work simplification/energy conservation			Shower/Bathe Self - 05. Setup or clean-up assistance		
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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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 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		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/10/2026