Home Health Certification and Plan of Care

Order ID: 1150/17589

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3T18HG5TY29	03/20/2026	From: 03/20/2026 To: 05/18/2026	23726	217058

6. Patient's Name and Address

Raisa Petrich
202 CORK LN APT T1,
REISTERSTOWN, MD 21136
410-526-7225

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 06/11/1937 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T82.898D	Oth complication of vascular prosth dev/grft subs	03/20/26

13. ICD	Other Pertinent Diagnoses	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	03/20/26
I10.	Essential (primary) hypertension	03/20/26
E78.00	Pure hypercholesterolemia unspecified	03/20/26
I89.0	Lymphedema not elsewhere classified	03/20/26
F32.9	Major depressive disorder single episode unspecified	03/20/26
M85.80	Oth disrd of bone density and structure unspecified site	03/20/26
H91.91	Unspecified hearing loss right ear	03/20/26
D69.6	Thrombocytopenia unspecified	03/20/26
N28.89	Other specified disorders of kidney and ureter	03/20/26
Z86.718	Personal history of other venous thrombosis and embolism	03/20/26
Z79.82	Long term (current) use of aspirin	03/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/20/26
Z79.4	Long term (current) use of insulin	03/20/26

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

AMILODIPINE 2.5 mg PO QDay 1 tab(s)
8-HOUR BAYER 81 mg PO QDay enteric coated tablet 1 tab(s)
BENZONATATE 200 mg PO Q8H, PRN-as needed for cough 1 capsule
APRACLONIDINE HYDROCHLORIDE 0.1 mg PO BID 1 tablet
GABAPENTIN 100 mg PO TID 1 capsule
ACCURETIC 12.5 mg PO QDay 1 tablet
ACTOPLUS 500 mg PO QDay
ALLERNAZE 0.1% cream TOP BID *instructions-please see instruction from pharmacy.
AMMONIUM CHLORIDE 12% 12% cream See instructions, Refills-5
CARVEDILOL 6.25 mg oral Tablet See Instructions, Refills-2 **instructions-TAKE TWO TABLETS BY MOUTH TWICE A DAY
ARTHROTEC 1% gel See Instructions, Refills-1 **instructions-APPLY TO AFFECTED AREA 4 TIMES DAILY AS NEEDED
COZAAR 50 mg oral Tablet See Instructions, Refills-2 **instructions-ONE TABLET BY MOUTH TWICE A DAY
Eliquis - Apixaban 5mg by mouth twice a day 1 tab twice daily for blood clot prevention methods
Metformin - Metformin Hydrochloride 500mg tabs by mouth once a day 1 tab daily with breakfast for diabetes
MELOXICAM 7.5 mg PO BID 2 tabs by mouth daily for pain
Omeprazole - Omeprazole 20 mg 20mg by mouth once a day 1 tab daily for GERD
PRAVACHOL 20 mg by mouth once a day 1 tab daily for cholesterol
Prednisone - Prednisone 20 mg 20mg=1tab by mouth once a day 1 tab daily for inflamation
Sertraline - Sertraline Hydrochloride 25mg by mouth once a day 1 tab daily for depression
Valerian Root 2400mg=1tab by mouth once a day 1 tab daily for sleep
Clonidine - Clonidine 0.1 mg/24hr 0.1mg=1tab by mouth twice a day 1 tab twice daily for blood pressure
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 10mg=1tab by mouth once a day 1 tab daily for allergies
Actonel With Calcium (Copackaged) - Calcium Carbonate: Risedronate Sodium 600mg-5mcg (200units) by mouth once a day 1 tab daily for vitamin D
Vitamin B 12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000MCG by mouth once a day 1 tab daily in the AM for vitamin repletion
Voltaren - Diclofenac Sodium 1 perc 1% topical four times a day Apply to affected area 4 times daily as needed for pain

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, bath bench, commode, grab bars, walker, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , no bp right arm, , medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, transfer with assist, supervision at all times, emergency phone # clearly displayed, ambulates with assistance, standard precautions, wheelchair precautions, hand rails, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, 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 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 03/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Veronica Epstein
114 Business Center Drive
Reisterstown, MD 21136
PHONE: 410-833-2772 FAX: 14105264897 NPI: 1962465195

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 : 03/12/2026

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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Raisa Petrich 202 CORK LN APT T1, REISTERSTOWN, MD 21136 410-526-7225	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status:

Due to diagnosis of Other specified complication of vascular prosthetic devices, implants and grafts, subsequent encounter, 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:

Ms. Petrich is an 88-year-old Russian-speaking female with a significant past medical history of diabetes mellitus, hypertension, peripheral arterial disease, hyperlipidemia, and major depression, status post right superficial femoral artery (SFA) stent placement and angioplasty in 2024. She presented to the emergency department on March 4 with abdominal pain and a five-day history of worsening right lower extremity pain, weakness, and numbness, with initial findings notable for leukocytosis and thrombocytopenia. Further evaluation revealed a new right renal mass concerning for malignancy, extensive occlusive deep vein thrombosis from the mid femoral to peroneal vein, and occlusion of the right SFA stent without distal flow. CTA on March 5 demonstrated a possible infrarenal aortic dissection flap, extensive aortic and renal arterial thrombus, bilateral renal infarcts, occluded right SFA stent, and left popliteal artery narrowing. An IVC filter was placed on March 6, anticoagulation with heparin was initiated on March 8, and she underwent vascular surgery with lytic catheter placement on March 9, followed by a stable SICU course. Her hospitalization was complicated by persistent leukocytosis, suspected pulmonary infection, and severe thrombocytopenia (platelets as low as 2-38 despite transfusions), likely immune thrombocytopenia with partial response to prednisone. She is now home, living with her son and supported by a full-time aide and adult medical daycare, ambulating with a walker and one-person assist, and remains full code with no skin breakdown. She was referred for skilled home health physical and occupational therapy due to bilateral lower extremity weakness, impaired balance, decreased coordination, altered gait, reduced right lower extremity weight-bearing tolerance, and limited functional mobility. She requires assistance with transfers, ambulation over short household distances, lower body dressing, bathing, and tub transfers, and demonstrates decreased upper extremity strength and endurance. Skilled therapy is medically necessary to address strength, balance, gait, safety awareness, and functional independence to reduce fall risk, prevent further decline, and avoid rehospitalization. <o:p></o:p> <o:p> </o:p> Bottom of Form<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/12/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat DX: Other specified complication of vascular prosthetic devices, implants and grafts, subsequent encounter
 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>
 1 - SOC -SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Epstein, Veronica

SN Careplans

SN WK1: 1 (03/20/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to go shopping again with her friend

GOALS
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) 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/20/2026

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new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, swelling in the arms/legs, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, balance deficit, daytime fatigue, obesity

PROCEDURES: incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, bladder training, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK2: 2 (03/22/26-03/28/26) ,WK3: 2 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26) ,WK7: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , HEP, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening: `, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To go up and down the stairs to be able to spend the day at adult day care

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (03/20/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,WK3: 2 (03/29/26-04/04/26) ,WK4: 2 (04/05/26-04/11/26) ,WK5: 2 (04/12/26-04/18/26)

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: equipment training, work simplification/energy conservation, 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, 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 - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance,

OT Goals

PATIENT-STATED GOAL: Get stronger and be able to walk 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 medication(s) purpose, schedule

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 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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026

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Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Increase endurance to F+

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Increase endurance to F+

Oral Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

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

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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