Home Health Certification and Plan of Care

Order ID: 1150/18440

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45402414800	05/01/2026	From: 05/01/2026 To: 06/29/2026	5905	217058

6. Patient's Name and Address

Asya Shubinsky
7202 ROCKLAND HILLS DR UNIT 404,
BALTIMORE, MD 21209-
410-486-4551

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 02/07/1937 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I74.3	Embolism and thrombosis of arteries of the lower extremities	05/01/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	05/01/26
I11.0	Hypertensive heart disease with heart failure	05/01/26
I50.30	Unspecified diastolic (congestive) heart failure	05/01/26
I69.312	Vis def/sptl nglct following cerebral infarction	05/01/26
E03.9	Hypothyroidism unspecified	05/01/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/01/26
M19.90	Unspecified osteoarthritis unspecified site	05/01/26
Z79.01	Long term (current) use of anticoagulants	05/01/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/01/26
Z85.21	Personal history of malignant neoplasm of larynx	05/01/26
Z87.11	Personal history of peptic ulcer disease	05/01/26

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

Hydralazine - Hydralazine Hydrochloride 10mg by mouth twice a day For blood pressure
Entresto - Sacubitril: Valsartan 1 tablet by mouth twice a day For blood pressure
Furosemide - Furosemide 20 mg tablet by mouth once a day 40 mg MWF, 20 mg on other days for edema
METOPROLOL SUCCINATE XL 100 mg by mouth once a day For blood pressure
Levothyroxine - Levothyroxine Sodium 100mcg by mouth once a day For thyroid
Acetaminophen - Acetaminophen 1000 mg by mouth every 6 hours As needed for pain
Linzess - Linaclotide 72mg by mouth once a day For constipation
Fish Oil - Cod Liver Oil 1200 mg capsule by mouth once a day Supplement
Docusate Calcium - Docusate Sodium 100 mg by mouth twice a day For constipation
Vitamin D - Ergocalciferol 50,000 International Units 50000u by mouth once a week Supplement
Omeprazole - Omeprazole 40 mg 40mg by mouth once a day GERD
Xarelto - Rivaroxaban 5mg by mouth once a day
Xarelto - Rivaroxaban 15mg by mouth in the evening
Mag Ox - Simethicone 400mg by mouth once a day Supplemental
Miralax - Polyethylene Glycol 3350 17gr by mouth as necessary
Diclofenac Sodium And Misoprostol - Diclofenac Sodium: Misoprostol 1% gel topical as necessary On R hip for pain

14. DME and Supplies:

cane, walker

15. Safety Measures:

supervision at all times, , standard precautions, walker precautions, medical alert/lifeline, fall precautions, bleeding precautions, bathroom safety, ambulates with device, , ambulates with assistance, activity supervision

16. Nutrition:

low sodium, regular

17. Allergies:

cyanocobalamin cyclobenzaprine ibuprofen penicillins tetanus antitoxin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated,

19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Embolism and thrombosis of arteries of the lower extremities, 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: Start of care (SOC) visit completed, and consent was obtained from the patient. It was later identified that the patient signature was accidentally placed on a different patient's document. The patient is an 89-year-old female with a significant past medical history including atrial fibrillation, hypertension, history of cerebrovascular accident (CVA), diabetes mellitus, hypothyroidism, heart failure with preserved ejection fraction (HFpEF), arthritis, chronic low back pain status post L4-L5 microdiscectomy and revision, ophthalmic neuropathy with left-sided vision loss, history of vocal cord cancer, and recent right lower extremity deep vein thrombosis (DVT)/femoral artery occlusion associated with right thigh and leg pain. Due to impaired mobility, weakness, visual deficits, and lower extremity pain, the patient requires the use of a walker/rollator with one-person assistance and supervision for safety and fall prevention, making leaving the home a taxing effort and supporting homebound status. Patient was alert and oriented 2-3 during the assessment. She resides alone in a senior apartment but receives substantial support from family and paid caregivers. Son and daughter-in-law live nearby and assist as needed, while paid caregivers provide approximately 12 hours of daily assistance with activities of daily living (ADLs), mobility, and supervision. The patient's daughter-in-law, Nutella, serves as power of attorney (POA), and nursing staff communicated with her by telephone during the visit. Contact information was provided for ongoing communication and coordination of care. Patient reported last bowel movement occurred today and described appetite as adequate. She denied urinary discomfort, abnormal pain, recent falls, or open wounds. Patient reported a history of difficulty sleeping. She remains on anticoagulant therapy for management of atrial fibrillation and recent DVT, with bruising noted to the chest and bilateral upper extremities, likely associated with anticoagulant use. Patient also reported an allergic reaction to adhesive materials, specifically EKG leads. Minimal lower extremity edema was observed, and the patient was noted to be appropriately elevating her feet during the visit. Lung and cardiopulmonary status were stable without acute distress noted during assessment. Functional mobility assessment revealed decreased bilateral lower extremity strength, approximately 3/5 on manual muscle testing. Patient requires contact guard assistance for transfers and short-distance ambulation using a rollator walker. Prior to recent hospitalization, the patient reportedly ambulated with a rollator at a modified independent level and lived independently. Current mobility limitations are further impacted by anxiety and fear related to possible dislodgement of the right lower extremity DVT. Physical therapy reinforced physician guidance that ambulation with compression stockings and participation in therapeutic exercise are safe, while advising avoidance of heavy lifting and strenuous activity. Patient ambulates household distances with supervision and one-person assistance due to balance deficits, weakness, visual impairment, and complaints of right thigh pain. Occupational therapy evaluation identified ongoing deficits in functional mobility, ADL performance, balance, endurance, and safety awareness. Home setup includes a walk-in shower equipped with grab bars and a tub seat to improve bathing safety. Skilled occupational therapy services every other week were recommended to address ADL retraining, therapeutic exercise, home exercise program instruction, functional mobility training, energy conservation, and home safety education to maximize independence and reduce fall risk. Skilled physical therapy services are medically necessary to improve strength, balance, gait safety, endurance, and overall functional independence with the goal of returning the patient to prior level of function. Continued skilled nursing services remain indicated for cardiopulmonary assessment, anticoagulant monitoring, pain assessment, medication management, edema monitoring, fall prevention education,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/01/2026

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 : 04/25/2026

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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safety reinforcement, and ongoing disease process management.
 Date of Order 05/01/2026 Orders Physician Face-to-Face Date: 04/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Embolism and thrombosis of arteries of the lower extremities 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: 1 (05/01/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26)

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: 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:Natella Shubinsky

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, swelling in the arms/legs, abnormal thyroid <> 0.40 - 4.50 mIU/mL, muscle weakness, limited endurance, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, pain radiating to arms/legs, difficulty sleeping, obesity, discolored patches of skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To walk without pain and safely

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

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

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

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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26) ,WK6: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed, 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk safely

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

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

Chair to Bed to Chair - 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

Car Transfer - 05. Setup or clean-up assistance

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

Medication Review

OT Careplans

OT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/01/2026

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OT WK1: 1 (05/01/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, home exercise program: 16 oz water bottle: bilateral shoulder flex chest presses horizontal abd add bicep curls 2x10 reps, equipment training, work simplification/energy conservation, dynamic standing balance exercises: As needed, transfers training: Shower, toilet

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

PATIENT-STATED GOAL: To get stronger

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

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/01/2026