Home Health Certification and Plan of Care

Order ID: 1150/18446

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
43101267800	05/05/2026	From: 05/05/2026 To: 07/03/2026	25475	217058

6. Patient's Name and Address
Sima Feldman
18 Strongwood Road,
Owings Mills, MD 21117
443-255-1206

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 09/13/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.025D	Nondisp longitud fx l patella subs for clos fx w routn heal	05/05/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	05/05/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/05/26
N18.9	Chronic kidney disease u	05/05/26
K59.09	Other constipation	05/05/26
F51.04	Psychophysiologic insomnia	05/05/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/05/26
M85.80	Oth disrd of bone density and structure unspecified site	05/05/26
F33.9	Major depressive disorder recurrent unspecified	05/05/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	05/05/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/05/26
Z91.81	History of falling	05/05/26

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

Tramadol Hcl - Tramadol Hydrochloride 50 mg / 1 Tablet by mouth twice a day for pain >7/10 as needed
TRADJENTA 5 mg / 1 Tablet by mouth once a day Diabetes
HYDROCHLOROTHIAZIDE 12.5 mg / 1 Capsule by mouth once a day Blood pressure
DIGOXIN 0.125 mg / 1 Tablet by mouth once a day Heart rate
Acetaminophen - Acetaminophen 500 mg, 2 tablets by mouth every 6 hours As needed for pain
Clopidogrel - Clopidogrel 75 mg 1 tablet by mouth once a day Blood thinner
Ergocalciferol - Ergocalciferol 50,000 International Units 1 tablet by mouth once a day Supplement
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day Blood pressure
Nitroglycerin - Nitroglycerin 0.4 mg/hr 1 tablet by mouth as necessary Chest pain
Linzess - Linaclotide 1 tablet 72 mg by mouth once a day Constipation
Diclofenac Sodium - Diclofenac Sodium 1% gel topical as necessary Pain

14. DME and Supplies:
wheelchair, rolling walker, commode

15. Safety Measures:
non-weight bearing LLE, medication safety, emergency phone number prominently displayed, fall precautions, , electrical safety measures, diabetic precautions, bathroom safety,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
No Known Medication Allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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
PT and OT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status: Due to diagnosis of Nondisplaced longitudinal fracture of left patella, subsequent encounter for closed fracture with routine healing, 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:

PT SOC was completed for an 86-year-old female with a past medical history significant for hypertension and diabetes mellitus, recently hospitalized following a fall resulting in a left patellar fracture. Per her granddaughter, who is the primary caregiver, the patient has experienced a gradual functional decline over the past two years secondary to bilateral lower extremity neuropathic pain. Prior to hospitalization, the patient ambulated with a rolling walker and required some assistance with ADLs but was homebound due to difficulty navigating stairs. At present, the patient demonstrates significant weakness with BLE strength grossly 2-/5 MMT, requires maximal assistance for bed mobility, is unable to transfer out of bed, and requires minimal assistance to maintain sitting balance at the edge of the bed with verbal cues to lean forward and prevent posterior loss of balance. Per orthopedic discharge instructions, the patient is non-weight bearing on the left lower extremity and is to wear a knee immobilizer with orthopedic follow-up recommended in 1-2 weeks; however, the caregiver has been unable to reach the orthopedic office despite multiple attempts, and PT also left a message for follow-up clarification regarding weight-bearing restrictions. The patient currently reports increased left knee pain, remains bedbound, and is dependent for transfers and most ADLs. PT instructed the patient and caregiver on sitting at the edge of the bed once or twice daily as tolerated and encouraged patient participation in bed mobility tasks. A hospital bed and Hoyer lift have been ordered by the PCP and are pending delivery to assist with mobility and transfers. Bilateral upper extremity ROM is within functional limits with strength grossly 4/5 bilaterally. Skin remains intact, and caregiver education was provided regarding repositioning and use of barrier cream to prevent skin breakdown. The patient would benefit from continued skilled PT services to improve strength, balance, safety, and functional mobility, as well as an OT evaluation for ADL training to maximize independence and facilitate return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/05/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 04/30/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval and treat dx: Nondisplaced longitudinal fracture of left patella, subsequent encounter for closed fracture with routine healing
 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 - PT Notes:<o:p></o:p> OT Eval Notes: <o:p></o:p> Physician: Kreynovich NP, Slava

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/05/2026

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 : 04/30/2026

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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PT Careplans

PT WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26)

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), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, D0160 - Depression, M1745 - Behavioral Issues, M2020 - Oral Med Management, D0700 - Social Isolation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, constipation, M1610 - Urinary Incontinence, limited endurance, limited strength, balance deficit, Pain Interference with Therapy activities, Pain Effect on Sleep, pain radiating to arms/legs, Pain Interference with ADLs, loss of appetite

PROCEDURES: Instruct patient in weight bearing status: NWB on LLE : With knee immobilizer, cough/deep breathing exercises, wheelchair training, home exercise program: Review HEP: Sitting at EOB x at least 5 mins twice a day, supine hip flex and abd, ankle pumps. Upgrade as tolerated, equipment training, work simplification/energy

PT Goals

PATIENT-STATED GOAL: To be able to get out of bed

GOALS
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
* 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

Sit to Stand - 02. Substantial/maximal assistance

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

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 03. Partial/moderate assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
05/05/2026

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conservation, 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 relaxation skills and diversional activities, 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, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 03. Partial/moderate assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26)

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: Transfer training: Commode and shower transfer, safety during ADLs and IADLs: ADL training, home exercise program, equipment training, work simplification/energy conservation

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 - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal 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 - 05. Setup or clean-up assistance, Transfer training

OT Goals

PATIENT-STATED GOAL: Be able to transfer with use of the walker

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 - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal 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 - 05. Setup or clean-up assistance

Transfer training

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