Home Health Certification and Plan of Care

Order ID: 1150/20331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97257223	07/07/2026	From: 07/07/2026 To: 09/04/2026	27717	217058

6. Patient's Name and Address

Phillip Zahirsky
2925 Andrea Avenue,
PARKVILLE, MD 21234-
410-935-8313

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 09/04/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S27.0XXD	Traumatic pneumothorax subsequent encounter	07/07/26

13. ICD	Other Pertinent Diagnoses	Date
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	07/07/26
S22.078D	Oth fracture of T9-T10 vertebra subs for fx w routn heal	07/07/26
S32.018D	Oth fracture of first lum vertebra subs for fx w routn heal	07/07/26
S32.028D	Oth fx second lum vertebra subs for fx w routn heal	07/07/26
S32.038D	Oth fracture of third lum vertebra subs for fx w routn heal	07/07/26
S32.048D	Oth fx fourth lum vertebra subs for fx w routn heal	07/07/26
S32.058D	Oth fracture of fifth lum vertebra subs for fx w routn heal	07/07/26
I10.	Essential (primary) hypertension	07/07/26
E78.5	Hyperlipidemia unspecified	07/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/07/26
M48.02	Spinal stenosis cervical region	07/07/26
G70.9	Myoneural disorder unspecified	07/07/26
F03.A0	Unspecified dementia mild without beh/psych/mood/anx	07/07/26
R32.	Unspecified urinary incontinence	07/07/26
Z79.01	Long term (current) use of anticoagulants	07/07/26
Z95.1	Presence of aortocoronary bypass graft	07/07/26
Z98.1	Arthrodesis status	07/07/26
Z91.81	History of falling	07/07/26

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

LIPITOR 80 MG, 1 Tablet Oral Daily Cholesterol
TYLENOL 650 MG Tablet Oral Every 4 hours PRN PRN Reason: Mild pain (1-3). May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for >3 pain score. Admin Instructions: ** CAUTION - Maximum acetaminophen dose not to exceed 4000 mg/24 hours from ALL sources**
Effexor Xr - Venlafaxine Hydrochloride 150 MG Capsule Oral Daily with breakfast Do not crush or chew.
TENORMIN 50 MG Tablet Oral Daily HBP
COZAAR 50 MG Tablet Oral Daily HBP

14. DME and Supplies:

walker, bath bench, commode,

15. Safety Measures:

walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Traumatic pneumothorax 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: Patient is a 72-year-old male referred to home health services following a recent hospitalization after falling down four stairs, resulting in a traumatic pneumothorax, multiple left rib fractures, thoracic and lumbar vertebral fractures, and an intracranial hemorrhage. The patient subsequently underwent spinal surgery and chest tube placement for management of the pneumothorax. His past medical history is significant for coronary artery disease status post coronary artery bypass graft (CABG), atherosclerotic heart disease, hypertension, hyperlipidemia, spinal stenosis, and mild dementia. Prior to hospitalization, the patient was independent with community ambulation, did not require an assistive device, and independently performed activities of daily living and instrumental activities of daily living. The patient is alert and oriented 4 despite a history of mild dementia. He resides with his wife in a two-story home with six curb steps at the entrance; however, a first-floor living arrangement has been established to accommodate his current functional limitations. His wife serves as the primary caregiver and provides assistance with activities of daily living, transfers, mobility, and catheter management. The patient currently requires assistance with personal care and ambulates using a walker with caregiver assistance for transfers to the commode and recliner. Assessment revealed the mid-back surgical incision to be well healed, measuring approximately 29 cm, with well-approximated edges and no signs or symptoms of infection. The previous chest tube insertion site has also healed without complications. The patient has a 20 French, 10 mL indwelling Foley catheter in place, although the hospital discharge summary documented a 16 French catheter. Observation revealed light red urine within the Foley drainage bag and amber-colored urine within the catheter tubing. The catheter remained patent and draining appropriately. The patient and caregiver were instructed on proper Foley catheter management, securement, hygiene, drainage bag handling, and measures to prevent accidental traction or dislodgement. A small open area was noted on the left ankle covered with a bordered foam dressing; however, no wound care orders were present at the time of assessment. The patient denied shortness of breath, fatigue, dizziness, or other acute cardiopulmonary symptoms during the visit. Functional assessment demonstrated generalized lower extremity weakness, impaired balance, decreased endurance, difficulty walking, impaired transfers, and reduced functional mobility. The patient ambulates with a rolling walker and requires minimal assistance for gait due to mild-to-moderate unsteadiness and increased fall risk. He also requires minimal assistance for transfers and moderate to minimal assistance to negotiate a single step using the rolling walker. Education was provided to both the patient and his wife regarding spinal precautions, including avoiding bending, lifting, and twisting, proper body mechanics, safe transfer techniques, fall prevention strategies, and safe ambulation with the rolling walker. The caregiver received instruction and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

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 : 07/19/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97257223	07/07/2026	From: 07/07/2026 To: 09/04/2026	27717	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Phillip Zahirsky 2925 Andrea Avenue, PARKVILLE, MD 21234- 410-935-8313	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

return demonstration on appropriate hand placement, guarding techniques, and assistance during transfers and ambulation, demonstrating competency following education. Medication reconciliation was completed, and all medications were reviewed with the patient and caregiver. Education was provided regarding medication compliance, fall prevention, personal hygiene, infection prevention, recognition of signs and symptoms requiring physician notification, and the importance of maintaining scheduled follow-up appointments. The patient and caregiver verbalized understanding of all teaching provided. The patient remains homebound due to recent traumatic injuries, post-operative recovery, generalized weakness, impaired balance, decreased endurance, impaired mobility requiring a rolling walker and caregiver assistance, indwelling Foley catheter management, and the considerable physical effort and assistance required to safely leave the home. Skilled nursing services remain medically necessary for ongoing cardiopulmonary assessment, post-operative monitoring, Foley catheter assessment and management, medication management, wound and skin assessment, patient and caregiver education, and monitoring for complications. Skilled physical and occupational therapy services are medically necessary to improve strength, balance, gait, transfers, stair negotiation, functional mobility, and activities of daily living, while reducing fall risk and maximizing independence within the home environment.
 Date of Order 07/07/2026 Orders Physician Face-to-Face Date: 07/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Traumatic pneumothorax subsequent encounter Homebound Status per Certifying Physician: medical condition could get worse if patient leaves home
 1 - SOC - SN Notes: soc PT Eval Notes:
 Physician Levine, Robert

SN Careplans

SN WK1: 1 (07/07/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26)

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: 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

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:Unable to Assess

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, abnormal blood pressure, M1400 - Dyspnea, urine retention, M1610 - Urinary Catheter, muscle weakness, daytime fatigue, balance deficit, open sores/lesions, #1 - Open Wound - Posterior Left Ankle/Foot - No wound orders yet

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Posterior Left Ankle/Foot - No wound orders yet: no wound care orders received to be followed by physician, catheter change, care & irrigation: Awaiting orders from PCP.

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

SN Goals

PATIENT-STATED GOAL: To be able to walk

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/07/2026

Home Health Certification and Plan of Care

Order ID: 1150/20331

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
97257223	07/07/2026	From: 07/07/2026 To: 09/04/2026	27717	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Phillip Zahirsky 2925 Andrea Avenue, PARKVILLE, MD 21234- 410-935-8313	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

healthy, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (07/07/26-07/11/26) ,WK2: 2 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26) ,WK7: 1 (08/16/26-08/22/26) ,WK8: 1 (08/23/26-08/29/26) ,WK9: 1 (08/30/26-09/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170D1 - Sit to Stand, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: Medication management : Review medication with pt and caregiver, home exercise program: Supine SLR, HEELSLIDES, QS AS TOLERATED, Laq, SEATED hip abd Hamstring curls , standing hip flexion, heelraises, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: Pt reports he would like to improve strength walking g progress off the walker.

GOALS

Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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	07/07/2026