

Home Health Certification and Plan of Care				Order ID: 1150/20530	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
42404359700		09/18/2025		From: 07/15/2026 To: 09/12/2026	
				4. Medical Record No.	
				17568	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Ida Khazina				HomeCentris Healthcare LLC	
7601 Carla Road,				10 Crossroads Drive, Suite 102	
Pikesville, MD 21208-				Owings Mills, MD 21117-8284	
443-850-5615				410-321-8448	
				1487113239	
8. DOB				9. Sex	
01/12/1939				Female	
11. ICD		Principal Diagnosis		Date	
N39.0		Urinary tract infection site not specified		09/18/25	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		09/18/25	
E11.9		Type 2 diabetes mellitus without complications		09/18/25	
M25.551		Pain in right hip		09/18/25	
M25.562		Pain in left knee		09/18/25	
M25.561		Pain in right knee		09/18/25	
Z46.6		Encounter for fitting and adjustment of urinary device		09/18/25	
L22.		Diaper dermatitis		09/18/25	
G47.00		Insomnia unspecified		09/18/25	
F34.1		Dysthymic disorder		09/18/25	
F03.94		Unspecified dementia unspecified severity with anxiety		09/18/25	
B35.6		Tinea cruris		09/18/25	
H91.93		Unspecified hearing loss bilateral		09/18/25	
E55.9		Vitamin D deficiency unspecified		09/18/25	
E78.5		Hyperlipidemia unspecified		09/18/25	
Z79.51		Long term (current) use of inhaled steroids		09/18/25	
Z79.84		Long term (current) use of oral hypoglycemic drugs		09/18/25	
Z74.01		Bed confinement status		09/18/25	
Z91.81		History of falling		09/18/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		09/18/25	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
				Memantine HCl 5 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily	
				traMADol HCl 50 MG , Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed	
				Atorvastatin Calcium - Atorvastatin Calcium 10 MG , Take 1 tablet by mouth at bedtime Take 1 tablet (10 mg) by mouth qhs	
				Esomeprazole Magnesium - Esomeprazole Magnesium 40 MG , Take 1 capsule by mouth once a day Take 1 capsule (40 mg) by mouth daily	
				1 hour before breakfast	
				Docusate Sodium - Docusate Sodium 100 MG , Take 1 capsule by mouth twice a day Take 1 capsule (100 mg) by mouth	
				2 times per day for constipation	
				Folic Acid - Folic Acid 1 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily	
				Zolpidem Tartrate - Zolpidem Tartrate 10 MG , Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime as needed	
				Januvia - Sitagliptin Phosphate 100 MG , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily	
				Bystolic - Nebivolol Hydrochloride 10 MG , Take 1 tablet by mouth once a day Take 1 tablet (10 mg) by mouth daily	
				Ergocalciferol - Ergocalciferol 1.25 MG (50000 UT) , take 1 capsule by mouth once a week take 1 capsule (50000 iu) by mouth biweekly	
				Jardiance - Empagliflozin 10 MG , Take 1 tablet by mouth in the morning Take 1 tablet by mouth daily in the morning	
				Seroquel - Quetiapine Fumarate eq 50 mg base 1 tablet by mouth at bedtime 50 mg seroquel nightly	
				Seroquel - Quetiapine Fumarate eq 25 mg base 25 mg by mouth in the evening PRN around 3pm or 5PM for agitation	
				Clonazepam - Clonazepam 0.5 mg 1/2 tablet by mouth twice a day Take 1/2 tablet 2x day PRN, as needed	
				Hiprex - Methenamine Hippurate 1gm One half tablet by mouth twice a day Take 1 gram total in 24 hour period.	
				1/2 pill twice a day	
				Remeron - Mirtazapine 15 mg 15 mg by mouth at bedtime	
				Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT , 2 sprays in each nostril (Nasal Suspension) Nasal once a day 2 sprays intranasally daily in each nostril	
				Silver sulfADIAZINE 1% External Cream, Apply 1 application to affected area topical twice a day Apply 1 application topically to affected area 2 times per N/Aday	
				Nystatin - Nystatin 100000 UNIT/GM , Apply 1 application cream to affected area topical twice a day Apply 1 application topically to affected area 2 times per day	
				Ammonium Lactate - Ammonium Lactate 12% External Cream , 1 application to affected area topical twice a day 1 application topically to affected area 2 times per day	
				Fluocinolone Acetonide - Fluocinolone Acetonide 0.01% External Cream , Apply 1 application to affected area topical twice a day Apply 1 application topically to affected	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/14/2026					
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.	
Slava Kreynovich NP				F2F date : 09/16/2025	
2005 Jolly Road					
Baltimore, MD 21209					
PHONE: 4109419040 FAX: 14109410027 NPI: 1265763155					
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.	
				PAGE 1 of 4	

Home Health Certification and Plan of Care				Order ID: 1150/20530	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
42404359700		09/18/2025		From: 07/15/2026 To: 09/12/2026	
4. Medical Record No.		5. Provider No.			
17568		217058			
6. Patient's Name and Address Ida Khazina 7601 Carla Road, Pikesville, MD 21208- 443-850-5615			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		
area 2 times per day					
14. DME and Supplies: wound care supplies, sliding board, commode, walker, wheelchair, urinary/catheter supplies, rolling walker, diabetic supplies, hospital bed			15. Safety Measures: supervision at all times, medication safety, infectious material management, walker precautions, fall precautions, diabetic precautions, transfer with assist, ambulates with assistance, cardiac precautions, standard precautions, wheelchair precautions		
16. Nutrition: cardiac diet, 1400cal ADA			17. Allergies: no known allergies		
18.A. Functional Limitations Bowel/Bladder Incontinence, Ambulation			18.B. Activities Permitted Wheelchair, Transfer bed/Chair, Walker, Up As Tolerated		
19. Mental & Psychosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF					
20. Prognosis: fair					
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:			22.B.Discharge Plans patient to receive home care indefinitely family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Urinary tract infection site not specified, 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 <div>The patient resides with cousins in a single-family ranch-style home without steps and currently sleeps in a queen-sized bed. Requiring Homecare:The patient requires total assistance with all activities of daily living (ADLs), and a hospital bed is recommended to facilitate safe and effective personal care, as turning and repositioning are very difficult for the caregiver, who also has health concerns. The caregiver reported that the patient experienced a fall on 9/15, requiring 911 assistance, and the patient has since complained of pain and soreness. The physician referred the patient to home health services. A 16 Fr Foley catheter was placed during the visit, with urine noted to be brown in color; an order is needed for a urine specimen to rule out urinary tract infection. The skilled nurse educated the caregiver on Foley catheter care, including how to empty the urine bag and recognize symptoms to report to the agency. The caregiver demonstrated understanding through return demonstration. Redness and rash were observed in the perineal, groin, and anal areas, likely contact dermatitis related to urine exposure, as well as a facial rash. Skilled nursing is scheduled for six weeks for ongoing assessment, education, disease management, and Foley care/teaching. Referrals for PT and OT evaluations and a home health aide to assist with ADLs were initiated. At present, the patient is dependent with ADLs but was previously able to assist with dressing, bathing, and perform stand-pivot transfers before the fall. The patient is able to follow one-step directions.</div> </div><div>Date of Order</div><div>07/14/2026</div><div>Orders</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management, Verbal Order for PT/OT Evaluation and Home Health Aide due to Urinary Tract Infection Site Not Specified</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>4 - Recertification Notes: The patient is recertified due to requiring assistance and some direction in specific situations, an indwelling 22 French Foley catheter requiring ongoing management, catheter irrigation with 10 mL sterile normal saline per physician order/agency protocol, and scheduled Foley catheter changes per physician orders. The patient has mild erythema and tenderness in the groin area, diminished bilateral lung sounds, hypoactive bowel sounds in all four quadrants, and dark yellow urine with a noted malodor, requiring continued skilled nursing for ongoing cardiopulmonary assessment, skin integrity monitoring, Foley catheter management, infection surveillance, and patient/caregiver education to reduce the risk of complications and hospitalization.</div><div> </div><div>Physician</div><div>Kreynovich Np, Slava</div></div>					
SN Careplans			SN Goals		
SN WK1: 1 (07/15/26-07/18/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26)			PATIENT-STATED GOAL: regain stregh		
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 patient/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule		
HOSPITALIZATION RISKS: 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, 9. Other risk(s) not listed in 1- 8			patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule		
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:No Advance Directive			patient/caregiver recalls * how to manage sleep disorder including changes to daytime habits and bedtime routine * maintaining a journal to track sleep patterns * recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure (CR), abnormal BS < 70/140 > mg/dL, abnormal bowel sounds, foul-smelling urine, genital irritation, dark-colored urine, cloudy urine, limited endurance, limited strength, balance deficit, tooth pain/decay/sensitivity, skin breakdown r/t incontinence			patient/caregiver recalls * how to manage skin condition including physician-prescribed treatment * skin care * bathing		
PROCEDURES: LAB ORDER: Skilled nurse to obtain UA and C&S as needed. Use labcorp, Medication Review- : Medications reviewed with patient/caregiver., Wound care to buttock : Cleanse area with warm soapy water. Pat dry. Apply silver sulfadiazine cream to open wound. Measure open wound					
Signature of Physician:			Date		
			PAGE 2 of 4		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			07/14/2026		

Home Health Certification and Plan of Care				Order ID: 1150/20530
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42404359700	09/18/2025	From: 07/15/2026 To: 09/12/2026	17568	217058
6. Patient's Name and Address Ida Khazina 7601 Carla Road, Pikesville, MD 21208- 443-850-5615		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		

each visit. Apply Calmosphere over redness on backside. Apply pink foam bandage to open skin. , Contact Slava for any changes : Contact PCP Slava Kreynovich, while in the house, if any changes to vital signs, level of consciousness, or any change that needs to be reported. . Catheter change, irrigation and care.: Verbal order from NP Salava Kreynovich: 04/22/2026 Nurse to change Foley every 3 weeks, or PRN for leaking. Use 22 French catheter with a 30cc Balloon and add 7 cc extra to prevent leaking. Catheter care done, cleanse perineal area with soap and water., monitor intake & output, coordinate/arrange home modifications for hearing impaired, i.e. alarms TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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 relaxatio, * 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * basic oral hygiene regimen including basic toothbrushing and flossing, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to control and manage pain adequate fluid intake monitor for S&S of infection high fiber diet, related medication(s) purpose, schedule, * hernia care including avoidance of lifting avoidance of smoking, 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, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence, caregiver, how to inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame ensure the top of the bed rail is at least 4 inches (100mm) above the mattress to avoid using bed rails with a soft mattress to decrease entrapment risk, Catheter care, Intake of fluids and nutrition , Medication administration , Medication teaching	* sun protection * diet * exercise * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * 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/caregiver recalls * low cholesterol dietary guidelines * 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 meal preparation is available to patient for all meals patient is adequately supervised patient's transportation needs are met 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 * 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 caregiver recalls how to * inspect regularly for gaps where patient can become trapped between the mattress, rail, or bed frame * ensure the top of the bed rail is at least 4 inches (100mm) above the mattress * to avoid using bed rails with a soft mattress to decrease entrapment risk 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 * hernia care including avoidance of lifting * avoidance of smoking * recalls related medication(s) purpose, schedule patient/caregiver recalls * prescribed dietary modifications * monitoring intake and output * monitoring weight loss or weight gain * monitor changes in neurological status * recalls related medication(s) purpose, schedule Intake of fluids and nutrition patient/caregiver recalls * how to control and manage pain * adequate fluid intake * monitor for S&S of infection * high fiber diet * recalls related medication(s) purpose, schedule patient/caregiver recalls * basic oral hygiene regimen including basic toothbrushing and flossing * recalls related medication(s) purpose, schedule
---	---

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/14/2026

Home Health Certification and Plan of Care				Order ID: 1150/20530
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42404359700	09/18/2025	From: 07/15/2026 To: 09/12/2026	17568	217058
6. Patient's Name and Address Ida Khazina 7601 Carla Road, Pikesville, MD 21208- 443-850-5615		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		

	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 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/caregiver recalls * dietary guidelines for managing nutritional deficit * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * recalls related medication(s) purpose, schedule Catheter care Medication administration patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence Medication teaching
--	---

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/14/2026