Home Health Certification and Plan of Care

Order ID: 1150/20974

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5HE4X37TT86	01/24/2026	From: 07/23/2026 To: 09/20/2026	21742	217058

6. Patient's Name and Address
Shirley Sciortino
919 Rustling Oaks Drive,
MILLERSVILLE, MD 21108-
443-421-1332

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 01/12/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.19	Other persistent atrial fibrillation	01/24/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/24/26
N18.30	Chronic kidney disease stage 3 unspecified	01/24/26
D63.1	Anemia in chronic kidney disease	01/24/26
E87.1	Hypo-osmolality and hyponatremia	01/24/26
E87.5	Hyperkalemia	01/24/26
M31.7	Microscopic polyangiitis	01/24/26
I48.91	Unspecified atrial fibrillation	01/24/26
I77.82	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	01/24/26
J84.9	Interstitial pulmonary disease unspecified	01/24/26
G58.7	Mononeuritis multiplex	01/24/26
G62.89	Other specified polyneuropathies	01/24/26
H49.20	Sixth [abducent] nerve palsy unspecified eye	01/24/26
F41.9	Anxiety disorder unspecified	01/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/24/26
R05.3	Chronic cough	01/24/26
Z79.01	Long term (current) use of anticoagulants	01/24/26
Z90.49	Acquired absence of other specified parts of digestive tract	01/24/26
Z90.710	Acquired absence of both cervix and uterus	01/24/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/24/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	01/24/26
I50.23	Acute on chronic systolic (congestive) heart failure	01/24/26
Z99.2	Dependence on renal dialysis	01/24/26
E83.39	Other disorders of phosphorus metabolism	01/24/26
I5A.	Non-ischemic myocardial injury (non-traumatic)	01/24/26
G40.909	Epilepsy unsp not intractable without status epilepticus	01/24/26
R73.03	Prediabetes	01/24/26
Z99.81	Dependence on supplemental oxygen	01/24/26
Z79.52	Long term (current) use of systemic steroids	01/24/26
Z87.01	Personal history of pneumonia (recurrent)	01/24/26
Z96.652	Presence of left artificial knee joint	01/24/26

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

Eliquis - Apixaban 5mg; 1 tab by mouth twice a day Indications: Atrial fibrillation
Coreg - Carvedilol 6.25 mg 6.25 mg/ 1 Tablet by mouth twice a day for heart/blood pressure
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 Unit Take 1 Tablet by mouth once a day Cholecalciferol (vitamin D3) 1,000 units is equivalent to 25 mcg
Melatonin - Melatonin 3mg; 1 tab by mouth at bedtime for sleep
Adalat Cc - Nifedipine 60 mg 60 mg/ 1 Tablet by mouth once a day Do not crush or chew.
blood pressure
Protonix - Pantoprazole Sodium eq 40 mg base eq 40 mg base1 Tablet by mouth once a day Do not crush or chew
GERD
Cytoxan - Cyclophosphamide 75MG; 1 Capsule by mouth once a day Antineoplastic agent. Check the linked chemotherapy policy. Do not crush or chew.
Bactrim - Sulfamethoxazole: Trimethoprim 400 mg;80 mg 400-80MG; 1 TAB by mouth three times per week on Tuesday Thursday and Saturday Please give it after HD sessions
Predisone - Prednisone 10MG by mouth once a day PREDNISONE 30MG DAILY UNTIL 1/18
25MG DAILY FROM 1/19-2/1
20MG DAILY FROM 2/2-2/15
15MG DAILY FROM 2/26-3/1
10 MG DAILY FROM 3/2 ONWARDS UNTIL INSTRUCTED TO CHANGE/STOP BY RHEUMATOLOGIST OUTPATIENT
O2 - Oxygen 0 2L nasal cannula every hour 2LNC daily
RETACRIT epoetin alfa-epbx 5,000 units injection subcutaneous once a day on Tuesday Thursday Saturday. Indications of Use: anemia in hemodialysis-dependent chronic kidney disease.

14. DME and Supplies:
rolling walker, oxygen supplies, hospital bed, cane

15. Safety Measures:
fall precautions, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
codeine morphine

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: - , MOBILITY: -

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Other persistent atrial fibrillation, 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Elliott Gorbaty
1411 Madison Park Dr
Glen Bernie, MD 21061
PHONE: 4105539571 FAX: 14105539573 NPI: 1528043049

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 : 12/20/2025

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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Clinical Condition Requiring Homecare:

The patient was seen by her primary care provider (PCP), and her vital signs were within normal limits during that visit. She also had a follow-up appointment with her rheumatologist and reported doing well. During today's visit, the patient's blood pressure was elevated. Her PCP, Dr. Elliot Garboaty, was notified and informed of the elevated reading. Per Dr. Garboaty, elevated blood pressure may occur prior to dialysis. The patient remained asymptomatic and was able to perform her activities of daily living (ADLs) without difficulty.<o:p></o:p>   Date of Order 07/21/2026
Order<o:p></o:p> Physician Face-to-Face Date: 12/20/2025<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN for disease management: PT eval and treat OT eval and treat due to Other persistent atrial fibrillation<o:p></o:p> 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>
4 - Recertification OT Notes: Patient needs bathing training and to improve standing tolerance<o:p></o:p> Physician: Gorbaty, Elliott

SN Careplans

SN Goals

OT Careplans

OT WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26)

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:

HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8

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

OT Goals

PATIENT-STATED GOAL: Pt wants to get back to her plof

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Lower Body Dressing - 06. Independent

Upper Body Dressing - 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 medicatio

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/21/2026

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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, dependent edema, decreased urine output, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, wound vacuum, monitor intake & output, home exercise program, equipment training, work simplification/energy conservation, monitor dialysis schedule

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 medicatio, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 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	07/21/2026