Home Health Certification and Plan of Care

Order ID: 1150/20990

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
03286820400	07/31/2026	From: 07/31/2026 To: 09/28/2026	28574	217058

6. Patient's Name and Address

Klara Berezovskaya
3410 ASSOCIATED WAY APT 304,
OWINGS MILLS, MD 21117-
443-253-7793

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 06/28/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S42.201D	Unsp fx upper end of r humerus subs for fx w routn heal	07/31/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	07/31/26
I87.2	Venous insufficiency (chronic) (peripheral)	07/31/26
E03.9	Hypothyroidism unspecified	07/31/26
F43.20	Adjustment disorder unspecified	07/31/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/31/26
K22.70	Barrett's esophagus without dysplasia	07/31/26
G40.209	Local-rel symptc epi w cmplx prt seiznot ntrctw/o stat epi	07/31/26
E78.5	Hyperlipidemia unspecified	07/31/26
E55.9	Vitamin D deficiency unspecified	07/31/26
G47.00	Insomnia unspecified	07/31/26
M19.90	Unspecified osteoarthritis unspecified site	07/31/26
G89.29	Other chronic pain	07/31/26
Z85.3	Personal history of malignant neoplasm of breast	07/31/26
Z90.11	Acquired absence of right breast and nipple	07/31/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/31/26
Z91.81	History of falling	07/31/26

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

CYCLOSPORINE ophthalmic emulsion 0.05 % / Place 1 drop both eyes 2 times daily
OXYCODONE Immediate Release 5 MG / 1 Tablet by mouth every 4 hours as needed for MODERATE Pain (or if patient requests it for severe pain).
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 50 MG / 1 Tablet by mouth daily
AMLODIPINE 5 MG tablet by mouth nightly
ERGOCALCIFEROL 1.25 MG (50000 UT) Capsule by mouth weekly
FAMOTIDINE 40 MG tablet by mouth every evening
FUROSEMIDE 20 MG tablet by mouth continuous as needed for Other.
IBUPROFEN 600 MG tablet by mouth as needed last dose 3/11/26
LEVOTHYROXINE 75 MCG tablet by mouth daily
LOSARTAN POTASSIUM 50 MG tablet by mouth 2 times daily
MECLIZINE 25 MG tablet by mouth every 12 hours as needed for Dizziness
ONDANSETRON 8 MG tablet by mouth every 12 hours as needed for Nausea
PANTOPRAZOLE Delayed Release 40 MG tablet by mouth daily
SENNA 8.6 mg/tablet / Take 3 tablets by mouth continuous as needed for Constipation
Vitamin D - Ergocalciferol Take 5,000 Units by mouth One time weekly Takes on Mondays
ZOLPIDEM 5 MG tablet by mouth nightly

14. DME and Supplies:

wheelchair, walker

15. Safety Measures:

walker precautions, standard precautions, restricted ROM, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

oxycodone oxycontin

18.A. Functional Limitations

Endurance, Ambulation, ,

18.B. Activities Permitted

Exercises Prescribed, Transfer bed/Chair, 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: No

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

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

Homebound status: Due to diagnosis of Unspecified fracture of upper end of right humerus, subsequent encounter for 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: The patient is an 86-year-old female referred for skilled home health physical and occupational therapy services following a mechanical fall that resulted in a comminuted right proximal humeral fracture with shoulder subluxation/dislocation and a right pubic ramus fracture. Her past medical history is significant for hypertension, hypothyroidism, osteoporosis, arthritis, chronic pain, vertigo, gastroesophageal reflux disease (GERD), hyperlipidemia, and a history of breast cancer. The patient is currently weight bearing as tolerated (WBAT) on the right lower extremity and non-weight bearing (NWB) on the right upper extremity. Pendulum exercises are permitted for the right shoulder, and the patient is planning to undergo a right total shoulder replacement in the near future. Physical therapy evaluation revealed bilateral lower extremity weakness, impaired balance, altered gait mechanics, pain, decreased functional mobility, and reduced activity tolerance. These impairments contribute to significant difficulty with bed mobility, functional transfers, and household ambulation, placing the patient at an increased risk for falls and limiting her overall functional independence. Occupational therapy evaluation demonstrated that the patient currently requires maximal assistance with functional transfers and activities of daily living (ADLs) due to pain, weight-bearing restrictions, impaired balance, and limited functional use of the right upper extremity following her injuries. Skilled home health physical therapy is medically necessary to improve lower extremity strength, balance, gait mechanics, transfer safety, endurance, functional mobility, and overall independence through therapeutic exercise, gait and transfer training, fall prevention strategies, assistive device training, patient and caregiver education, and progression of an individualized home exercise program. Skilled occupational therapy is also medically necessary to improve functional use of the right upper extremity within current precautions, increase independence with ADLs and functional mobility, reinforce safe performance of prescribed pendulum exercises, provide education on adaptive and compensatory techniques, and maximize the patient's functional recovery while preparing for the anticipated right total shoulder replacement.
 Date of Order 07/31/2026 Orders Physician Face-to-Face Date: 07/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Unspecified fracture of upper end of right humerus, subsequent encounter for 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
 1 - SOC - PT Notes: soc OT Eval Notes:
 <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Veronica Epstein
114 Business Center Drive
Reisterstown, MD 21136
PHONE: 410-833-2772 FAX: 14105264897 NPI: 1962465195

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 : 07/28/2026

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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style="font-size: 14px;">Physician Epstein, Veronica

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/31/26-08/01/26) ,WK2: 2 (08/02/26-08/08/26) ,WK3: 2 (08/09/26-08/15/26) ,WK4: 2 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26)

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), 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, 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, GG0170F1 - Toilet Transfer

PT Goals

PATIENT-STATED GOAL: To reintegrate back home while recovering from the fracture

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

Sit to Stand - 06. Independent

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

Picking Up Object - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/31/2026

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GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited strength, muscle weakness, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: home exercise program: Ambulation along hallway with hemiwalker as tolerated, 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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, 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, Picking Up Object - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

OT Careplans

OT WK1: 1 (07/31/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: ADL training: ADL, cough/deep breathing exercises, incentive spirometer, home exercise program: Pendulum ex's to RUE, and R grip strengthening, 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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 Goals

PATIENT-STATED GOAL: Return to the previous condition

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

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Oral Hygiene - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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