

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	
5HE4X37TT86		01/24/2026		From: 07/23/2026 To: 09/20/2026	
4. Medical Record No.		5. Provider No.			
21742		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Shirley Sciortino			HomeCentris Healthcare LLC		
919 Rustling Oaks Drive,			10 Crossroads Drive, Suite 102		
MILLERSVILLE, MD 21108-			Owings Mills, MD 21117-8284		
443-421-1332			410-321-8448		
			1487113239		

8. DOB 01/12/1947			9. Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged							
11. ICD		Principal Diagnosis				Date		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: Dexpantenol: 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. Protonix - Pantoprazole Sodium eq 40 mg base eq 40 mg base1 Tablet by mouth once a day Do not crush or chew GERD Cytozan - 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.					
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/unspe 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							
14. DME and Supplies:						15. Safety Measures:							
rolling walker, oxygen supplies, hospital bed, cane						fall precautions, standard precautions							
16. Nutrition:						17. Allergies:							
Z. NO PHYSICIAN-ORDERED DIET						codeine morphine							
18.A. Functional Limitations						18.B. Activities Permitted							
None of the above						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:		22.B.Discharge Plans	
SELF-CARE: - , MOBILITY: -		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:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/21/2026			
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.	
Elliott Gorbaty		F2F date : 12/20/2025	
1411 Madison Park Dr			
Glen Bernie, MD 21061			
PHONE: 4105539571 FAX: 14105539573 NPI: 1528043049			
27. Attending Physician's Signature and Date Signed 08/05/2026 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: <p class="p">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></p><p class="15">&nbsp;</p><p class="15">&nbsp;</p><p class="15">07212026
Order<o:p></o:p></p><p class="15">Physician Face-to-Face Date: 12/20/2025<o:p></o:p></p><p class="15">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></p><p class="15">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></p><p class="15">4 - RecertificationOTNotes: Patient needs bathing training and to improve standing tolerancePhysician: Gorbaty, Elliott</p></div> <tr><td colspan="3">SN Careplans</td><td colspan="3">SN Goals</td></tr> <tr><td colspan="3">OT Careplans</td><td colspan="3">OT Goals</td></tr> <tr><td colspan="3"> 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. 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the patient's physician, I am finding 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	
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Signature of Physician:	Date
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