

Home Health Certification and Plan of Care				Order ID: 1150/21583	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2WV5U97AT59		08/24/2026		From: 08/24/2026 To: 10/22/2026	
				4. Medical Record No.	
				11472	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Sandra Klapper			HomeCentris Healthcare LLC		
3313 Terrapin Rd,			10 Crossroads Drive, Suite 102		
PIKESVILLE, MD 21208-			Owings Mills, MD 21117-8284		
443-912-8873			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/21/1932			Female		
11. ICD		Principal Diagnosis		Date	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		08/24/26	
13. ICD		Other Pertinent Diagnoses		Date	
I50.9		Heart failure unspecified		08/24/26	
N18.9		Chronic kidney disease u		08/24/26	
S09.90XD		Unspecified injury of head subsequent encounter		08/24/26	
E78.5		Hyperlipidemia unspecified		08/24/26	
D75.839		Thrombocytosis unspecified		08/24/26	
F41.9		Anxiety disorder unspecified		08/24/26	
E53.8		Deficiency of other specified B group vitamins		08/24/26	
F02.80		Dem in oth dis classd elswhrnsp sevwo beh/psych/mood/anx		08/24/26	
D51.3		Other dietary vitamin B12 deficiency anemia		08/24/26	
Z79.82		Long term (current) use of aspirin		08/24/26	
Z91.81		History of falling		08/24/26	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, walker, grab bars, hand held shower, bath bench, 4 wheeled walker			wheelchair precautions, walker precautions, standard precautions, remove environmental barriers, medication safety, , fall precautions, bathroom safety, avoid temperature extremes, ambulates with device, ambulates with assistance, activity supervision,		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, , Ambulation			Up As Tolerated, Walker, Wheelchair		
19. Mental & Pyschosocial Status:			COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment		
Homebound status:					
Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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:					
<p class="p">Start of care was completed for a 93-year-old female residing with her son and receiving daytime caregiver assistance, with a past medical history significant for hypertension, heart failure, chronic kidney disease, left hip injury, COVID-19, dementia, hyperlipidemia, anxiety disorder, vitamin D deficiency, and a history of falls. The initial visit was rescheduled to Monday at the patient's request as she was not feeling up to the appointment. Patient is alert and oriented x2 and denies chest pain, fever, nausea, or vomiting; reports shortness of breath with exertion, with lungs clear to auscultation. Bowel sounds are normoactive, with last bowel movement reported this morning. Patient denies difficulty voiding and wears an adult brief for incontinence management. Skin is warm and dry, with pedal pulses present. Medication reconciliation was completed with no discrepancies or refill needs identified. PT evaluation was completed due to multiple falls, with patient demonstrating decreased bilateral lower-extremity strength (3-/5), requiring minimal assistance for transfers and short-distance ambulation with hand-held assistance and verbal cues to improve trunk extension. Prior to referral, patient ambulated with hand-held assistance and was able to walk approximately one mile outdoors with caregiver assistance. Patient would benefit from continued skilled home health nursing and physical therapy to monitor cardiopulmonary status and chronic conditions, address strength and balance deficits, reduce fall risk, improve safety and independence with functional mobility, and facilitate return to prior level of function.</p><p class="p">
<o:p></o:p></p><p class="15">Date of Order<o:p></o:p></p><p class="15">0<o:p></o:p></p>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 08/24/2026					
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 : 08/07/2026		
2005 Jolly Road					
Baltimore, MD 21209					
PHONE: 4109419040 FAX: 14109410027 NPI: 1265763155					
27. Attending Physician's Signature and Date Signed			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.		
: Date of physician last face-to-face			PAGE 1 of 3		

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style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-ker-ning:1.0000pt;">824/2026<o:p></o:p></p><p class="15">Physician Face-to-Face Date: 08/07/2026<o:p></o:p></p><p class="15">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<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"> </p><p class="15">1 - SOC - SN Notes:<o:p></o:p></p><p class="15">PT Eval Notes:<o:p></o:p></p><p class="15">Physician: Kreynovich NP, Slava</p>

SN Careplans

SN WK1: 1 (08/24/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26)

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: 2. Non-agency caregiver(s) need training/supportive services to 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, 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

08/24/2026 Problems : M1745 - Behavioral Issues
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
abn cholesterol > 200 mg/dL
abnormal blood pressure

SN Goals

PATIENT-STATED GOAL: I want to walk without falling

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
* 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

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/24/2026

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daytime fatigue balance deficit limited endurance limited range of motion limited strength M2102c - Med Admin M2102f - Patient Supervision M2102d - Caregiver Performs Treatment PROCEDURES: cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision 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, * 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, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	
PT Careplans PT WK1: 1 (08/24/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26) ,WK6: 1 (09/27/26-10/03/26) ,WK7: 1 (10/04/26-10/10/26) ,WK8: 1 (10/11/26-10/17/26) 08/28/2026 Problems : GG0170K1 - Walk 150 Feet GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130F1 - Upper Body Dressing GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130B1 - Oral Hygiene GG0170E1 - Chair to Bed to Chair GG0170J1 - Walk 50 ft with 2 Turns GG0170D1 - Sit to Stand GG0170L1 - Walk 10 ft on Uneven Surface GG0170I1 - Walk 10 Feet GG0170P1 - Picking Up Object GG0170G1 - Car Transfer GG0170N1 - 4 Steps GG0170O1 - 12 Steps GG0170M1 - 1 - Step (curb) GG0170F1 - Toilet Transfer PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed. Upgrade as tolerated, equipment training, work simplification/energy conservation, gait training/stair training: ., transfers training TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance	PT Goals PATIENT-STATED GOAL: To decrease risk of falls GOALS Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 03. Partial/moderate assistance Car Transfer - 04. Supervision or touching assistance Picking Up Object - 02. Substantial/maximal assistance Walk 10 Feet - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Walk 150 Feet - 02. Substantial/maximal assistance Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance Oral Hygiene - 03. Partial/moderate assistance Toileting Hygiene - 03. Partial/moderate assistance Shower/Bathe Self - 02. Substantial/maximal assistance Upper Body Dressing - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance

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