Home Health Certification and Plan of Care

Order ID: 1150/21854

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
03286820400	09/05/2026	From: 09/05/2026 To: 11/03/2026	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
M80.021D	Age-rel osteopor w crnt path fx r humer 7thD	09/05/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.611	Presence of right artificial shoulder joint	09/05/26
M80.0B9D	Age-rel osteopor with current path fx unsp pelvis 7thD	09/05/26
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	09/05/26
S43.004D	Unspecified dislocation of right shoulder joint subs encntr	09/05/26
I10.	Essential (primary) hypertension	09/05/26
E03.9	Hypothyroidism unspecified	09/05/26
F43.20	Adjustment disorder unspecified	09/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	09/05/26
I87.2	Venous insufficiency (chronic) (peripheral)	09/05/26
G47.00	Insomnia unspecified	09/05/26
K64.4	Residual hemorrhoidal skin tags	09/05/26
K22.70	Barrett's esophagus without dysplasia	09/05/26
G40.209	Local-rel symptc epi w cmplx prt seiznot ntrctw/o stat epi	09/05/26
H04.129	Dry eye syndrome of unspecified lacrimal gland	09/05/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	09/05/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	09/05/26
F05.	Delirium due to known physiological condition	09/05/26
K59.09	Other constipation	09/05/26
M19.90	Unspecified osteoarthritis unspecified site	09/05/26
H91.90	Unspecified hearing loss unspecified ear	09/05/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/05/26
N39.3	Stress incontinence (female) (male)	09/05/26
Z79.82	Long term (current) use of aspirin	09/05/26
Z79.890	Hormone replacement therapy	09/05/26
Z85.3	Personal history of malignant neoplasm of breast	09/05/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/05/26
Z87.440	Personal history of urinary (tract) infections	09/05/26
Z90.11	Acquired absence of right breast and nipple	09/05/26
Z91.81	History of falling	09/05/26

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

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
AMLODIPINE 5 MG tablet by mouth nightly
CYCLOSPORINE ophthalmic emulsion 0.05 % / Place 1 drop both eyes 2 times daily
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
ZOLPIDEM 5 MG tablet by mouth nightly
Vitamin D - Ergocalciferol Take 5,000 Units by mouth One time weekly Takes on Mondays
SENNA 8.6 mg/tablet / Take 3 tablets by mouth continuous as needed for Constipation
Metoprolol Succinate - Metoprolol Succinate Extended Release 24 Hour 50 MG / 1 Tablet by mouth daily
LOSARTAN POTASSIUM 50 MG tablet by mouth 2 times daily
LEVOTHYROXINE 75 MCG tablet by mouth daily

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
standard precautions, fall precautions, ambulates with device, walker precautions, restricted ROM, no bp right arm, medication safety, ambulates with assistance, bathroom safety, activity supervision

16. Nutrition:
low sodium

17. Allergies:
oxycodone oxycontin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker

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: fair

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
SN and PT: patient will be responsible for managing treatment OT: family/careg

Homebound status: Due to diagnosis of Age-related osteoporosis with current pathological fracture, 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/05/2026

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 : 08/26/2026

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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patient needs assistance from another person and an assistive mobility device

Clinical Condition Requiring Homecare:

<p class="p"><span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;">The patient is an 86-year-old female with a medical history significant for hypothyroidism, hypertension, gastroesophageal reflux disease, hyperlipidemia, and breast cancer who sustained a comminuted right proximal humerus fracture with humeral head subluxation/dislocation and a pelvic fracture following a fall at home on 7/26. She was initially discharged from the ED with outpatient orthopedic follow-up and was subsequently electively admitted to SJMC on 8/7, where she underwent right reverse total shoulder arthroplasty. Postoperatively, she is non-weight-bearing to the right upper extremity, with no range-of-motion exercises other than shoulder pendulums, and is required to wear a sling at all times; the surgical site is covered with Steri-Strips. Her recovery was complicated by a UTI and altered mental status requiring rehospitalization. She is currently alert and oriented but has language difficulties, with her daughter providing interpretation due to reported confusion when using professional interpreters. She reports hemorrhoids and uses Anusol-HC; education was provided regarding constipation and avoiding straining during bowel movements, with her last bowel movement reported two days prior. +2 bilateral lower-extremity edema was noted, and education was provided regarding elevating the feet while sitting or lying down. She uses a neck collar while ambulating and a hemiwalker for short-distance mobility, requiring contact guard assistance and verbal cues for proper sequencing and safety. Bilateral lower-extremity strength is decreased at approximately 3-/5, with impaired balance and functional mobility. She requires increased assistance with ADLs and 24-hour supervision from her daughter due to the immobility and non-weight-bearing status of the right upper extremity. She reports pain rated 7/10 with movement and 0/10 at rest. Prior to the fall, she was independent with ambulation without an assistive device and lived alone, using a rollator only occasionally outdoors due to intermittent dizziness associated with hypotension. Vital signs were stable, medication reconciliation was completed with the patient and her daughter, and education was provided as indicated. The daughter was advised to contact the provider to have ordered laboratory requisitions faxed to home health for collection at the next visit. The patient would benefit from continued skilled physical and occupational therapy to address decreased strength, impaired balance, limited functional mobility, decreased safety and independence with transfers and ambulation, and increased assistance needs with ADLs, with the goal of maximizing functional recovery and returning toward her prior level of function.<o:p></o:p></p><p class="p"> </p><p class="15">Date of Order<o:p></o:p></p><p class="15">09/05/2026<o:p></o:p></p><p class="15">Physician Face-to-Face Date: 08/26/2026<o:p></o:p></p><p class="15">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease progress pt-eval & treat ot-eval & treat dx: Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with routine healing<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">OT Eval Notes:<o:p></o:p></p><p class="15">Physician: Epstein, Veronica</p>

SN Careplans

SN frequency Auth npr WK1: 1 (09/05/26-09/05/26),Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK3: 1 (09/13/26-09/19/26),Auth npr WK4: 1 (09/20/26-09/26/26),Auth npr WK5: 1 (09/27/26-10/03/26),Auth npr WK6: 1 (10/04/26-10/10/26),Auth npr WK7: 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: 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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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; 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

SN Goals

PATIENT-STATED GOAL: To regain strength to ambulate safely

GOALS
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
* 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,

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/05/2026

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Advance Directive:Durable power of attorney for health care/Medical power of attorney

09/08/2026 Problems : #1 - Observable Surgical Wound - Anterior Right Shoulder - Steri strips in place
M1033 - Exhaustion
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
daytime fatigue
limited range of motion
muscle weakness
swell/redness surround. skin

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Shoulder - Steri strips in place: Leave open to air, Physician order lab work: Written order in chart from Dr. Epstein. Nurse to use venipuncture to draw blood for following labs: HgA1c, CMP, Lipid panel, TSH, Vitamin D hydroxy, UA with microscopic with reflex culture (ICD10 code: E03.9, R73.03, E55.9, M81.0, R39.81), cough/deep breathing exercises, incentive spirometer

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* 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

PT Careplans

PT frequency Auth npr WK2: 1 (09/06/26-09/12/26),Auth npr WK3: 1 (09/13/26-09/19/26),Auth npr WK4: 1 (09/20/26-09/26/26),Auth npr WK6: 1 (10/04/26-10/10/26),Auth npr WK7: 1 (10/11/26-10/17/26),Auth npr WK8: 1 (10/18/26-10/24/26)

09/08/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface

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, 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, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:	Date
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 09/05/2026

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OT frequency Auth npr WK2: 1 (09/06/26-09/12/26)

09/07/2026 Problems : 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: ADLs, cough/deep breathing exercises, home exercise program: Pendulum ex's at this time until next follow up on 9/16/26, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance, ROM ex's as prescribed by MD

PATIENT-STATED GOAL: Be as independent at before

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

ROM ex's as prescribed by MD

Signature of Physician:	Date
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/05/2026