

Home Health Certification and Plan of Care				Order ID: 1150/14129	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
01266475		11/20/2025		From: 11/20/2025 To: 01/18/2026	
				4. Medical Record No.	
				19750	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Luz Bonilla			HomeCentris Healthcare LLC		
4201 Linthicum Road,			10 Crossroads Drive, Suite 102		
DAYTON, MD 21036-			Owings Mills, MD 21117-8284		
443-546-0118			410-321-8448		
			1487113239		
8. DOB			9. Sex		
03/12/1938			Female		
11. ICD			Date		
M17.0			11/20/25		
Principal Diagnosis			Bilateral primary osteoarthritis of knee		
13. ICD			Date		
M51.369			11/20/25		
Other Pertinent Diagnoses			Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain		
I10.			11/20/25		
F03.90			11/20/25		
Essential (primary) hypertension			Unsp dementia unsp severity without beh/psych/mood/anx		
E78.5			11/20/25		
H40.9			11/20/25		
Unspecified glaucoma			11/20/25		
E66.9			11/20/25		
Obesity unspecified			11/20/25		
Z68.32			11/20/25		
Body mass index [BMI] 32.0-32.9 adult			11/20/25		
Z91.81			11/20/25		
History of falling			11/20/25		
Z87.440			11/20/25		
Personal history of urinary (tract) infections					
14. DME and Supplies:			15. Safety Measures:		
commode, wheelchair, walker			transfer with assist, fall precautions, medication safety, activity supervision, walker precautions		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion			Up As Tolerated		
19. Mental & Pyschosocial Status:			COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.			another facility/provider will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Bilateral primary osteoarthritis of knee, 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="MsoNoSpacing">The patient is an 87-year-old female with a medical history significant for hypertension, degenerative joint disease, bilateral knee osteoarthritis, chronic glaucoma, mild dementia, obesity, and a recent E. coli urinary tract infection and acute kidney injury-both of which resolved during hospitalization. She was admitted to home health PT/OT following a prolonged hospital stay after a mechanical fall that resulted in acute right hip and lower-back pain, further functional decline, and decreased ambulatory ability. Imaging showed no acute fractures but confirmed chronic lumbar spondylosis and knee degenerative changes. She now resides in an assisted living facility, where nursing staff provide medical monitoring and medication management. Due to cognitive impairment, she was unable to participate in the admission interview, and the facility nurse provided her history and current status. Upon evaluation, the patient was found sliding out of her wheelchair and required the assistance of three people to transfer to the bedside commode. She is dependent for bathing, toileting, transfers, and ambulation, demonstrating markedly impaired bed mobility, poor dynamic standing balance, globally reduced lower-extremity strength, and significant gait instability. She fatigues quickly, needs frequent cueing, and continues to report right knee and groin pain. She recently experienced another slip to		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 11/20/2025					
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.		
Laban Tsuma			F2F date : 11/18/2025		
10810 Connecticut Ave # 201					
Kensington, MD 20895					
PHONE: 3019297100 FAX: 13019297204 NPI: 1902245798					
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		

Home Health Certification and Plan of Care				Order ID: 1150/14129
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01266475	11/20/2025	From: 11/20/2025 To: 01/18/2026	19750	217058
6. Patient's Name and Address Luz Bonilla 4201 Linthicum Road, DAYTON, MD 21036- 443-546-0118		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		

the floor at the facility, further highlighting her high fall risk. Bilateral lower-extremity pitting edema (Grade 1) is present. Overall, she is functioning well below her prior level and requires skilled home health physical therapy to address deficits in strength, balance, gait, transfers, and overall mobility to improve safety and reduce fall risk within the assisted living environment.

Order: 11/20/2025

Physician Face-to-Face Date: 11/18/2025

Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat DX: Bilateral primary osteoarthritis of knee

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 - SN Notes:

PT Eval Notes:

OT Eval Notes:

Physician: Tsuma, Laban

SN Careplans

SN WK1: 1 (11/20/25-11/22/25)

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: 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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, M2020 - Oral Med Management, M1400 - Dyspnea, delayed capillary refill, swelling in the arms/legs, M1600 - UTI, limited endurance, limited strength, muscle weakness, limited range of motion, headache, balance deficit, impaired speech, obesity, rough/scaly/cracked skin, bruising/dyscoloration, pallor

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: Unable to verbalize any goals

GOALS

patient/caregiver recalls

- * how to manage inflammatory process
- * optimize mobility with active and passive range of motion exercises
- * fluid and diet intake to promote healing
- * prevent constipation
- * home safety
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to promote optimized mobility with strength
- * balance
- * dexterity
- * range-of-motion therapeutic exercises
- * promotion of peripheral circulation
- * fluid and diet intake to promote healing
- * prevent constipation
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to keep home safe for patient with dementia
- * coping strategies for the caregiver
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to keep journal of food and fluid intake
- * healthy meal plan tips
- * exercise program
- * nutritional knowledge
- * 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

- * prevention exacerbation of anxiety condition including coping patterns
- * improved concentration
- * strategies to reduce anxiety
- * identification of anxiety precipitants, conflicts, and threats
- * 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

- * prevention including increase fluid intake
- * increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
- * perineal hygiene
- * recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

PT Careplans	PT Goals
Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025

Home Health Certification and Plan of Care				Order ID: 1150/14129
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01266475	11/20/2025	From: 11/20/2025 To: 01/18/2026	19750	217058
6. Patient's Name and Address Luz Bonilla 4201 Linthicum Road, DAYTON, MD 21036- 443-546-0118		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		
PT WK2: 1 (11/23/25-11/29/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 2 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: B LE strengthening, gait training on uneven surfaces, transfers training TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance		PATIENT-STATED GOAL: To be able to walk again with the walker GOALS 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 Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 05. Setup or clean-up assistance Car Transfer - 04. Supervision or touching 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 Walk 10 ft on Uneven Surface - 04. Supervision or touching 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance		
OT Careplans OT WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: cough/deep breathing exercises, 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, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance		OT Goals PATIENT-STATED GOAL: Pt unable to state any goals, caregiver - to get better 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 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 Oral 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 Toileting Hygiene - 05. Setup or clean-up assistance Don/Doff Footwear - 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
Electronically Signed by Messick, Charles RN	11/20/2025