# Home Health Certification and Plan of Care

**Order ID: 1150/19155**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 44004446500 | 06/02/2026 | From: 06/02/2026 To: 07/31/2026 | 25738 | 217058 |

**6. Patient's Name and Address**

Rosalie Burdyck
4313a Fitch Avenue Apt 111,
NOTTINGHAM, MD 21236-
410-982-9871

**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** 03/04/1945 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| M17.12 | Unilateral primary osteoarthritis left knee | 06/02/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| M48.061 | Spinal stenosis lumbar region without neurogenic claud | 06/02/26 |
| M50.30 | Other cervical disc degeneration unsp cervical region | 06/02/26 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 06/02/26 |
| I73.9 | Peripheral vascular disease unspecified | 06/02/26 |
| I10. | Essential (primary) hypertension | 06/02/26 |
| E78.00 | Pure hypercholesterolemia unspecified | 06/02/26 |
| J84.09 | Other alveolar and parieto-alveolar conditions | 06/02/26 |
| I73.00 | Raynaud's syndrome without gangrene | 06/02/26 |
| G62.89 | Other specified polyneuropathies | 06/02/26 |
| H26.9 | Unspecified cataract | 06/02/26 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 06/02/26 |
| M35.9 | Systemic involvement of connective tissue unspecified | 06/02/26 |
| J84.9 | Interstitial pulmonary disease unspecified | 06/02/26 |
| J98.4 | Other disorders of lung | 06/02/26 |
| E03.9 | Hypothyroidism unspecified | 06/02/26 |
| F51.01 | Primary insomnia | 06/02/26 |
| I87.2 | Venous insufficiency (chronic) (peripheral) | 06/02/26 |
| F31.30 | Bipolar disord crnt epsd depress mild or mod severt unsp | 06/02/26 |
| L71.9 | Rosacea unspecified | 06/02/26 |
| M79.7 | Fibromyalgia | 06/02/26 |
| R26.9 | Unspecified abnormalities of gait and mobility | 06/02/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 06/02/26 |
| R73.03 | Prediabetes | 06/02/26 |
| E66.01 | Morbid (severe) obesity due to excess calories | 06/02/26 |

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

LYRICA 100 mg 100 mg / 1 Capsule by mouth in the morning AND 2 CAPSULES AT NIGHT
Vitamin e 400iu by mouth in the morning
Collagen and biotin 100mg by mouth once a day
Iron 65mg by mouth once a day
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mg by mouth once a day 1 tab
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 1 by mouth once a day
Famotidine - Famotidine 20 mg 1 tab by mouth in the evening
Wellbutrin Xl - Bupropion Hydrochloride 300 mg 1 tab by mouth in the morning
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
Predisone - Prednisone 5mg by mouth once a day
Pregabalin - Pregabalin 100mg by mouth before meal One tablet in the morning and two tablets at night
Atorvastatin - Atorvastatin Calcium 20mg by mouth once a day
Nebivolol Hydrochloride - Nebivolol Hydrochloride 2.5 by mouth once a day
Levothroxine - Levothyroxine Sodium 75mcg by mouth once a day One whole tablet, 6 days a week and a 1/2 tablet, on 7th day
Singulair - Montelukast Sodium eq 10 mg base 1 tab by mouth in the evening
Acetaminophen: Oxycodone Hydrochloride - Acetaminophen: Oxycodone Hydrochloride 5-325 by mouth three times a day
Allergy relief 25mg by mouth in the morning

**14. DME and Supplies:**

bath bench, rolling walker, grab bars, 4 wheeled walker

**15. Safety Measures:**

O2 precautions, walker precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

azathioprine erythromycin hydroxyzine metoprolol tetracycline clincamycin forn

**18.A. Functional Limitations**

Ambulation, Bowel/Bladder Incontinence

**18.B. Activities Permitted**

Exercises Prescribed, Up As Tolerated, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** fair

**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

**Homebound status:** Due to diagnosis of Unilateral primary osteoarthritis left 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:**

The patient is an 81-year-old female referred to home health physical therapy services due to complications associated with osteoarthritis of the left knee. The patient was not recently discharged from a hospital, skilled nursing facility, or other healthcare institution. Her past medical history is significant for cervical degenerative disc disease (DDD), gastroesophageal reflux disease (GERD), right total hip replacement (THR), obesity, osteoporosis, obstructive sleep apnea (OSA), spinal stenosis, bipolar disorder, depression, anxiety, fibromyalgia, polyneuropathy, and cataracts. The patient resides alone in a senior living apartment with no stairs, providing a relatively accessible living environment. Prior to the current episode, she was ambulatory with the use of a rollator walker and required assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) from a hired caregiver through Home Centris, identified as Nicole. During the assessment, the patient was noted to be highly verbose and frequently required redirection to maintain focus on the evaluation process. Despite education regarding the purpose and importance of standardized balance and fall-risk assessments, including the Tinetti Performance-Oriented Mobility Assessment and the Timed Up and Go (TUG) test, the patient declined participation, expressing concern that performing the tests would cause her to fall. The patient demonstrated resistance to engaging in certain therapeutic activities and assessment components, which may negatively impact her overall rehabilitation progress and limit objective measurement of functional outcomes. Based on clinical observation and available assessment findings, the patient presents with deficits affecting lower extremity strength, transfer ability, dynamic balance, and gait mechanics. Skilled physical therapy services are indicated to address these impairments, improve functional mobility and safety, reduce fall risk, and promote greater independence within the home environment. Although participation may be impacted by the patient's reluctance to engage in some therapeutic activities, she demonstrates fair rehabilitation potential and is expected to benefit from ongoing skilled intervention

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 06/02/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Shawn Peffall
7602 Belair Rd
Nottingham, MD 21236
PHONE: 4108332772 FAX: 14105264897 NPI: 1457318933

**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 : 05/26/2026

**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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| Rosalie Burdyck<br>4313a Fitch Avenue Apt 111,<br>NOTTINGHAM, MD 21236-<br>410-982-9871 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

focused on strengthening, transfer training, balance retraining, gait sequencing, and patient education regarding safety and fall prevention strategies. <br> Date of Order 06/02/2026 Orders Physician Face-to-Face Date: 05/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Unilateral primary osteoarthritis left knee Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc <br> Physician Peffall, Shawn

## SN Careplans

## SN Goals

## PT Careplans

PT WK1: 2 (06/02/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26) ,WK9: 1 (07/26/26-07/31/26)

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 > 9

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, 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.
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

## PT Goals

PATIENT-STATED GOAL: Improve leg strength reduce knee pain improve balance and walking

GOALS
Toilet Transfer - 06. Independent

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

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

Oral Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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

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

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 06/02/2026 |

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Advance Directive:Full code

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0130B1 - Oral Hygiene, 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), GG0130C1 - Toileting Hygiene, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0170N1 - 4 Steps, GG0130A1 - Eating, GG0130F1 - Upper Body Dressing, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M1720 - Anxiety, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, dependent edema, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle weakness, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity, #1 - Blister - Anterior Left Ankle - Surrounding skin is excoriated erythemic, bruising/discoloration

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, home exercise program: Aps, laq, hip flexion, hip abduction, hamstring curls 2-3x10 as tolerated, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
06/02/2026