

Home Health Certification and Plan of Care				Order ID: 1150/20958	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
44004446500		06/02/2026		From: 08/01/2026 To: 09/29/2026	
				4. Medical Record No.	
				25738	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Rosalie Burdyck				HomeCentris Healthcare LLC	
4313a Fitch Avenue Apt 111,				10 Crossroads Drive, Suite 102	
NOTTINGHAM, MD 21236-				Owings Mills, MD 21117-8284	
410-982-9871				410-321-8448	
				1487113239	
8. DOB 03/04/1945 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		LYRICA 100 mg 100 mg / 1 Capsule by mouth in the morning AND 2 CAPSULES AT NIGHT	
M17.12		Unilateral primary osteoarthritis left knee		Vitamin e 400iu by mouth in the morning	
13. ICD		Other Pertinent Diagnoses		Collagen and biotin 100mg by mouth once a day	
M48.061		Spinal stenosis lumbar region without neurogenic claud		Iron 65mg by mouth once a day	
M50.30		Other cervical disc degeneration unsp cervical region		Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 500mg by mouth once a day 1 tab	
G47.33		Obstructive sleep apnea (adult) (pediatric)		Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 1 by mouth once a day	
I73.9		Peripheral vascular disease unspecified		Famotidine - Famotidine 20 mg 1 tab by mouth in the evening	
I10.		Essential (primary) hypertension		Wellbutrin XI - Bupropion Hydrochloride 300 mg 1 tab by mouth in the morning	
E78.00		Pure hypercholesterolemia unspecified		Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day	
J84.09		Other alveolar and parieto-alveolar conditions		Predisone - Prednisone 5mg by mouth once a day	
I73.00		Raynaud's syndrome without gangrene		Pregabalin - Pregabalin 100mg by mouth before meal One tablet in the morning and two tablets at night	
G62.89		Other specified polyneuropathies		Atorvastatin - Atorvastatin Calcium 20mg by mouth once a day	
H26.9		Unspecified cataract		Nebivolol Hydrochloride - Nebivolol Hydrochloride 2.5 by mouth once a day	
M81.0		Age-related osteoporosis w/o current pathological fracture		Levothroxine - Levothyroxine Sodium 75mcg by mouth once a day One whole tablet, 6 days a week and a 1/2 tablet, on 7th day	
M35.9		Systemic involvement of connective tissue unspecified		Singulair - Montelukast Sodium eq 10 mg base 1 tab by mouth in the evening	
J84.9		Interstitial pulmonary disease unspecified		Acetaminophen: Oxycodone Hydrochloride - Acetaminophen: Oxycodone Hydrochloride 5-325 by mouth three times a day	
J98.4		Other disorders of lung		Allergy relief 25mg by mouth in the morning	
E03.9		Hypothyroidism unspecified		Cephalexin - Cephalexin eq 500 mg base 500MG by mouth three times a day	
F51.01		Primary insomnia			
I87.2		Venous insufficiency (chronic) (peripheral)			
F31.30		Bipolar disord crnt epsd depress mild or mod severt unsp			
L71.9		Rosacea unspecified			
M79.7		Fibromyalgia			
R26.9		Unspecified abnormalities of gait and mobility			
K21.9		Gastro-esophageal reflux disease without esophagitis			
R73.03		Prediabetes			
E66.01		Morbid (severe) obesity due to excess calories			
14. DME and Supplies:				15. Safety Measures:	
bath bench, rolling walker, grab bars, 4 wheeled walker				O2 precautions, walker precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				azathioprine erythromycin hydroxyzine metoprolol tetracycline clincamycin forn	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Bowel/Bladder Incontinence, Endurance, Dyspnea With Minimal Exertion				Exercises Prescribed, Up As Tolerated, Walker	
19. Mental & Pyschosocial Status:				20. Prognosis:	
COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Wfl , HISTORY OF DEPRESSION:				good	
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				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:		Physical therapy recertification was completed. Throughout the certification period, the patient received skilled interventions focused on transfer training, bed mobility, gait training on level surfaces, dynamic balance activities, lower extremity strengthening, home safety, fall prevention, medication safety, and instruction in a lower extremity home exercise program. The patient demonstrates good recall of the education provided and has shown measurable improvements in lower extremity strength, balance, and overall functional mobility. Although balance has improved, formal assessment with the Tinetti and Timed Up and Go (TUG) tests could not be completed due to the patient's noncompliance. The patient continues to demonstrate fair rehabilitation potential and is expected to benefit from ongoing skilled physical therapy to further improve lower extremity strength, activity tolerance, gait safety, balance, and functional mobility. Cervical range-of-motion and stretching exercises were also reviewed and reinforced. Based on the patient's continued progress, therapy goals are anticipated to be achieved within the next 3-4 visits. Date of Order			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/29/2026					
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.	
Shawn Peffall				F2F date : 05/26/2026	
7602 Belair Rd					
Nottingham, MD 21236					
PHONE: 4108332772 FAX: 14105264897 NPI: 1457318933					
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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font-size:11.0000pt;mso-font-kerning:1.0000pt;">07/292026
Order<o:p></o:p></p><p class="15"><o:p></o:p></p><p class="15">Physician Face-to-Face Date: 05/26/2026<o:p></o:p></p><p class="15">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Unilateral primary osteoarthritis left knee<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 - RecertificationPTNotes:<o:p></o:p></p><p class="15">Peffall, Shawn</p>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) 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: WII 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, 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.			PATIENT-STATED GOAL: Improve leg strength reduce knee pain improve balance and walking;Cervical spine rom, gentle stretching and strengthening GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent Upper Body Dressing - 06. Independent Eating - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Picking Up Object - 05. Setup or clean-up assistance Toileting Hygiene - 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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			07/29/2026		

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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:Full code PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, M1033 - Exhaustion, muscle weakness, limited endurance, limited strength, balance deficit, obesity, open sores/lesions, #1 - Blister - Anterior Left Ankle - Surrounding skin is excoriated erythemic PROCEDURES: physician-ordered wound care: #1 - Blister - Anterior Left Ankle - Surrounding skin is excoriated erythemic, Medication management : Review medication with pt, Cervical spine rom, gentle stretching and strengthening : Arom cervical spine as tolerated all planes, UT levator scapula stretch as tolerated 20 second holds x3-4 reps, scapular retraction strengthening,. Cervical paraspinal massage.: Massage to cervical paraspinals and upper trapezius as tolerated to assist with pain mgmt, cough/deep breathing exercises, apply compression bandage, home exercise program: Aps, laq, hip flexion, hip abduction, hamstring curls 2-3x10 as tolerated, equipment training, work simplification/energy conservation, dynamic standing balance exercises: Perform dynamic standing balance exercises to improved hip ankle step strategies amd increase reaction time, gait training on uneven surfaces, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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, Dynamic balance			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 * 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 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 Don/Doff Footwear - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Chair to Bed to Chair - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance caregiver performs medical/rehabilitation treatments with adequate competence caregiver administers and/or packages medications appropriately Dynamic balance patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Walk 10 Feet - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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