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	4. Medical Record No.	5. Provider No.
44004446500	06/02/2026	From: 08/01/2026 To: 09/29/2026	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
Cephalexin - Cephalexin eq 500 mg base 500MG by mouth three times a day

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, Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker

19. Mental & Pyschosocial Status: 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:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

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:

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.<o:p></o:p>   Date of Order <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/29/2026

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 **08/05/2026**: 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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 05/26/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Unilateral primary osteoarthritis left knee<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
PT
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> to further improve lower extremity strength, activity tolerance, gait safety, balance, and functional mobility<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt; mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="font-family: Calibri; font-size: 11pt;">Physician: Peffall, Shawn

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: Wfl 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

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 trapezious 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

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

Date
07/29/2026