HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022081

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
40905946000	09/12/2026	09/12/2026 - 11/10/2026	16897	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Cheryl Green-Burton 810 Painted Post Ct PIKESVILLE, MD 21208	Female	09/12/1956	443-676-4450
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:

The patient is a 70-year-old female with a significant medical history of polyarticular rheumatoid arthritis and a prior left hip fracture status post internal fixation who presents with progressive left hip pain, stiffness, generalized weakness, and significant functional decline. Since February 2026, she has experienced worsening left hip pain and marked stiffness, resulting in an inability to bear weight on the left lower extremity and loss of ambulation; she previously ambulated with a walker but has been largely bedbound since February. The patient reports significant difficulty with transfers, bathing, and dressing due to limited ability to open or bend the left leg, with movement of the right leg frequently causing movement of the left leg. She also reports right-sided upper- and lower-extremity weakness and intermittent shaking/clonus, which improved after discontinuing sertraline but continues intermittently. Following a previous hospitalization for an MVA with injuries, the patient had initially progressed with PT and was able to ambulate with a rolling walker and contact guard to minimal assistance; however, she subsequently discontinued her exercises and ambulation, resulting in further functional decline. She is currently dependent on assistance for all ADLs, uses a wheelchair for mobility, and requires moderate assistance for transfers, with verbal cues needed to improve trunk extension. PT evaluation revealed significant bilateral lower-extremity weakness, approximately 2-/5 on MMT, impaired functional mobility, and decreased safety and independence. OT evaluation revealed continued dependence with bathing and dressing, moderate assistance required for transfers, and impaired right upper-extremity functional use, with the patient primarily relying on her left hand for activities. The patient is alert and oriented x4, vital signs are within normal limits, skin is intact, and medication reconciliation was completed. She lives with her husband, who is her primary caregiver, in a home equipped with a hospital bed and bedside commode. Skilled home health PT is indicated to address strength, balance,

Physician Statement on Homebound Status:

Due to diagnosis of Other specified rheumatoid arthritis right hand, 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<o:p></o:p>

transfers, mobility, and safety deficits and to facilitate progression toward the patient's prior level of function, while skilled OT is indicated to improve upper-extremity function, ADL performance, transfer safety, and overall independence while reducing caregiver burden.<o:p></o:p>

Date of Order<o:p></o:p>
09/12/2026<o:p></o:p>
Physician Face-to-Face Date:
09/05/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA-adl DX: Other specified rheumatoid arthritis right hand<o:p></o:p>
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>

1 - SOC - SN Notes: <o:p></o:p>
PT Eval Notes:<o:p></o:p>
OT Eval Notes:<o:p></o:p>
Physician: Wajahat, Neelofar

ICD-10 CM Principal Diagnosis: M06.841. Other specified rheumatoid arthritis right hand

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
M06.842	Other specified rheumatoid arthritis left hand	Methotrexate - Methotrexate Sodium 2.5mg, take 6tablets. by mouth once a week On. Mondays LIPITOR 10 MG / 1 Tablet by mouth daily REMERON 7.5 MG / 1 Tablet by mouth daily at bedtime PEPCID 20 MG / 1 Tablet by mouth 2 times a day COZAAR 100 MG / 1 Tablet by mouth daily FOLIC ACID 1 MG / 1 Tablet by mouth daily Aspirin 81Mg - Aspirin Take 1 tablet by mouth once a day
M06.819	Other specified rheumatoid arthritis unspecified shoulder	
M21.949	Unspecified acquired deformity of hand unspecified hand	
M87.052	Idiopathic aseptic necrosis of left femur	
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	

Prognosis fair	**Mental and Psychosocial 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
Functional Limitations Bowel/Bladder Incontinence, Endurance, Contracture, Ambulation	**Activities Permitted** Up As Tolerated, Wheelchair, Exercises Prescribed, No Restrictions
DME & Supplies wheelchair, bath bench, walker, commode, hospital bed	**Safety Measures** smoke detectors , bleeding precautions, transfer with assist, activity supervision, walker precautions, medication safety, fall precautions, supervision at all times, hip precautions, bedrails up while in bed, wheelchair precautions, standard precautions, bathroom safety
Nutrition regular	**Allergies** no known allergies

Advance Directives	Caregiver Status
Durable power of attorney for health care/Medical power of attorney	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	SN, PT and OT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN

OT Eval

PT Eval

SN CAREPLAN

SN frequency WK1: 1 (09/12/26-09/12/26),WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26)

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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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

09/14/2026 Problems : M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management

SN NARRATIVE

The patient is a 70 year old female with polyarticular rheumatoid arthritis and prior left hip fracture status post internal fixation who presents with progressive left hip pain and loss of ambulation. Since February 2026 she has had worsening left hip pain and marked stiffness with inability to bear weight on the left leg. She previously used a walker but has not walked since February and is now largely bedbound. She has significant difficulty with transfers and bathing because she cannot open or bend the left leg, and movement of the

right leg often causes the left leg to move as well. She notes right leg and right arm weakness. She has intermittent shaking and clonus that improved after stopping sertraline but persists. She is alert and oriented x4. She lives with her husband, who is the primary caregiver. She sleeps in a hospital bed in the living room and has a bedside commode. Due to the decline in her health, her husband discussed with the primary care physician about therapy since she once had therapy and had some improvements. She is dependent on all ADL's, uses a wheelchair for mobility, and her skin is intact. Medication review was completed. Her vitals were WNL.

SN GOALS

PATIENT-STATED GOAL: To get stronger

GOALS
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

caregiver administers and/or packages medications appropriately

patient self-administers medications as prescribed
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

abnormal blood pressure
balance deficit
limited strength
muscle weakness
M2102c - Med Admin

PROCEDURES: cough/deep breathing exercises, teach/coordinate/arrange medication packaging and/or administration

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, * 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, caregiver administers and/or packages medications appropriately

OT CAREPLAN
OT frequency WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26),WK6: 1 (10/11/26-10/17/26),WK7: 1 (10/18/26-10/24/26)

09/16/2026 Problems : M1400
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, home exercise program: R hand ex's to increase grasp and R shoulder ROM ex's., 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance, Increase endurance to F+

OT NARRATIVE
OT evaluation completed. Pt remains pretty dependent with bathing/dressing and requires mod A with transfers. Pt has poor use of RUE and is able to use it as an assist but uses L hand for all activities. Pt would benefit from skilled OT services to decrease dependency on caregiver for all care.

OT GOALS
PATIENT-STATED GOAL: Be able to transfer and assist more with ADLs

GOALS
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 - 05. Setup or clean-up assistance

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 01. Dependent

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

Increase endurance to F+

PT CAREPLAN
PT frequency WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26),WK6: 1 (10/11/26-10/17/26),WK7: 1 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26),WK9: 1 (11/01/26-11/07/26)

09/18/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170M1 - 1 - Step (curb)
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170I1 - Walk 10 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170E1 - Chair to Bed to Chair

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. Upgrade as tolerated, gait training/stair training: ., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT NARRATIVE
PT eval completed. Pt is a 70 y.o. female with PMH significant for polyarticular rheumatoid arthritis and prior left hip fracture status post internal fixation who was recently referred for home PT services due to functional decline. Caregiver reports that pt had been ambulating with RW and CGA-MinA with PT following hospitalization for MVA with injuries, but then stopped doing her exercises and ambulating. At this time, pt presents with decreased strength with 2-/5 MMT in BLE and requires modA for transfers, with vcs to increase trunk ext. Pt would benefit from skilled PT services to increase strength, improve balance and increase safety and independence in functional mobility in order to return to PLOF.

PT GOALS
PATIENT-STATED GOAL: To be able to walk again

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/12/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 09/05/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **Neelofar Wajahat**
7141 Security Blvd
Baltimore, MD 21244
NPI 1083861181

Phone Number 855-902-4974

Fax Number 14108473396

Physician's Signature and Date Signed

X

Neelofar Wajahat
09/05/2026: Date of physician last face-to-face