HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022171

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
11318034	09/17/2026	09/17/2026 - 11/15/2026	30349	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Cynthia Riveria 1232 S. Marlyn Avenue ESSEX, MD 21221	Male	10/27/1954	443-449-3787
	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 71-year-old female referred to home health services following a recent fall, with diagnoses of right knee osteoarthritis and right lower-extremity edema. Her medical history is significant for obesity, right knee osteoarthritis, hypertension, prior right meniscal tear surgery, and a history of falls. She lives with her daughter, Cheera, in a two-story townhouse with seven steps and a railing to enter; her bedroom is located on the second floor with a single handrail. Prior to the recent decline, she ambulated with a single-point cane indoors and used a rollator outdoors and was independent with ADLs. Currently, she presents with bilateral lower-extremity weakness, particularly in the quadriceps, impaired balance as evidenced by a Tinetti score of 10/28, limited standing tolerance, and ambulatory dysfunction characterized by decreased bilateral step length, limited foot clearance, and impaired trunk extension with difficulty maintaining an upright posture. She requires assistance with ambulation and demonstrates difficulty with bed mobility and functional transfers. Stair negotiation was not assessed during the evaluation. The patient has good potential to benefit from skilled physical therapy to address strength, balance, gait, transfers, functional mobility, and safety and to promote greater independence. The OT evaluation was attempted but missed because the patient declined, stating that she was expecting the OT later in the day; rescheduling was requested for the following Monday.<o:p></o:p>

Date of Order<o:p></o:p>
09/17/2026<o:p></o:p>
Physician Face-to-Face Date:
09/11/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Unilateral primary osteoarthritis right knee<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>

Physician Statement on Homebound Status:

Due to diagnosis of Unilateral primary osteoarthritis right 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

1 - SOC - PT Notes: <o:p></o:p>
Physician: Conteh, Salima

ICD-10 CM Principal Diagnosis: M17.11. Unilateral primary osteoarthritis right knee

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
R60.0	Localized edema	VOLTAREN Arthritis Pain 1 % Top Gel / 1 appl topical as necessary 4x/day for pain LASIX 20 MG / 1 Tablet by mouth every morning COREG 6.25 MG / 1 Tablet by mouth 2 times a day Klor-Con M10 - Potassium Chloride DIS SR 10 mEq / 1 Tablet by mouth daily Salonpas 1 topical twice a day Aleve - Naproxen Sodium 220mg by mouth as necessary Pain management Tylenol Extra Strength - Acetaminophen 650mg by mouth as necessary 2 tab pain management Vitamin D3 50mcg by mouth twice a day Bayer Aspirin - Aspirin 81mg by mouth once a day Magnesium 1 by mouth once a day Suppliment
Z91.81	History of falling	

Prognosis good	**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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No
Functional Limitations Ambulation	**Activities Permitted** No Restrictions
DME & Supplies rolling walker, cane, 4 wheeled walker	**Safety Measures** standard precautions, anticoagulant precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** no known allergies

Advance Directives Full code	**Caregiver Status** 2. Non-agency caregiver(s) need training/supportive services to provide assistance
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.	**DISCHARGE PLAN:** PT: family/caregiver will be responsible for managing treatment
Orders for Discipline and Treatment: 1 - SOC - PT OT Eval	
	OT NARRATIVE OT visit attempted and missed. Patient declined evaluation secondary to expecting OT later in the day. Please reschedule for next Monday. Time: 12:06pm- 12:23pm; travel time-18min; mileage-11 **OT GOALS** PATIENT-STATED GOAL: add patient-stated goal GOALS

PT CAREPLAN

PT frequency WK1: 1 (09/17/26-09/19/26),WK2: 2 (09/20/26-09/26/26),WK3: 1 (09/27/26-10/03/26),WK4: 1 (10/04/26-10/10/26),WK5: 1 (10/11/26-10/17/26),WK6: 1 (10/18/26-10/24/26),WK7: 1 (10/25/26-10/31/26),WK8: 1 (11/01/26-11/07/26),WK9: 1 (11/08/26-11/14/26)

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 > 8

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
Advance Directive:Full code

09/17/2026 Problems : GG0170P1 - Picking Up Object
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
GG0170F1 - Toilet Transfer
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing
GG0170D1 - Sit to Stand
M1720 - Anxiety

PT NARRATIVE

71 yo female referred to home health services following recent fall dx with RLE osteoarthritis of R knee and rle edema. Pt was treated. Past medical history significant for obesity, OA R knee, hypertension, r meniscal tear surgery, falls. Pt lives in 2 story townhouse 7 steps to enter with railing pt lives with family dtr named Cheera. Pts bedroom on second floor, single handrail. Prior level of function pt pt amb with spc in the home used a rollator outside the home, I adls, pt is retired. Patient presents with lower extremity weakness, especially in bilateral quadricep muscle, impaired balance as evidenced by tinetti score of 10/28. Pt displays Limited standing tolerance, ambulatory dysfunction, with diminished bilateral step length and limited foot clearance As well as lacking trunk extension, unable to stand erect, assistance needed Ambulating. I did not assess negotiating steps today. Displays difficulty bed mobility and transfers. Patient has good potential to benefit from skilled physical therapy to address above listed deficits.

OT visit attempted and missed. Patient declined evaluation secondary to expecting OT later in the day. Please reschedule for next Monday. Time: 12:06pm- 12:23pm; travel time-18min; mileage-11

PT GOALS

PATIENT-STATED GOAL: To be more mobile, getting my legs stronger to stand and walk easier and get up amd down the steps

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
muscle weakness
swelling of affected area
limited endurance
limited strength
obesity
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Ankle pumps, heelraises, knee extension, hamstring curls, hip flexion and abduction, supine heel slides, saq, quad sets all 2-310, 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, * 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, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/17/2026

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: 09/11/2026

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 **Salima Conteh**
4920 Campbell Blvd
Nottingham, MD 21236
NPI 1154907780

Phone Number 4109337600

Fax Number

Physician's Signature and Date Signed

X

Salima Conteh, DO
09/11/2026: Date of physician last face-to-face