

Home Health Certification and Plan of Care				Order ID: 1150/11665	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
36455795		08/13/2025		From: 08/13/2025 To: 10/11/2025	
4. Medical Record No.		5. Provider No.			
15963		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Deborah Morrison 121 Lynbrook Road, Belair, MD 21014- 410-918-8666			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/25/1953			Female		
11. ICD			Date		
M15.9			08/13/25		
13. ICD			Date		
I12.9			08/13/25		
N18.30			08/13/25		
F43.23			08/13/25		
E78.2			08/13/25		
E03.9			08/13/25		
K59.00			08/13/25		
J30.1			08/13/25		
K21.9			08/13/25		
E66.9			08/13/25		
Z68.27			08/13/25		
Z79.899			08/13/25		
Z96.652			08/13/25		
Z90.49			08/13/25		
Z90.5			08/13/25		
Z86.0102			08/13/25		
14. DME and Supplies:			15. Safety Measures:		
rolling walker, cane			medication safety, bathroom safety, standard precautions, remove environmental barriers, ambulates with device, fall precautions		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Walker, Up As Tolerated, Cane		
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:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: Due to diagnosis of Polyosteoarthritis unspecified, 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: <p class="MsoNoSpacing">The patient is a 71-year-old female with a past medical history of polyarthritis, anxiety disorder, hypertension, and hyperthyroidism. She underwent a right total knee replacement (TKR) on 4/8/25 and continues to experience mild pain and postoperative edema. Her surgical wound is healed, but she presents with an unsteady gait, including tiptoeing on the left foot during the stance phase, which may affect her overall mobility and balance. The patient resides with family in a single-family home. Due to her mobility limitations and difficulty attending outpatient therapy sessions, the orthopedic surgeon has recommended continued rehabilitation through home health services. Home care will support her recovery by addressing pain, mobility deficits, and gait abnormalities in a safe and convenient environment.</p><p class="MsoNoSpacing">08/13/2025 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 06/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat DX: Polyosteoarthritis unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing"> 1 - SOC - PT Notes:</p><p class="MsoNoSpacing">Physician: Mian, Jamshid</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 08/13/2025					
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.		
Jamshid Mian 9114 Philadelphia Rd Baltimore, MD 21237 PHONE: 4432315711 FAX: 14432315790 NPI: 1538143953			F2F date : 06/14/2025		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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PT Careplans PT WK1: 1 (08/13/25-08/16/25) ,WK2: 2 (08/17/25-08/23/25), WK3: 2 (08/24/25-08/30/25), WK4: 2 (08/31/25-09/06/25), WK5: 2 (09/07/25-09/11/25) 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: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications 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; 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130G1 - Lower Body Dressing, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, regurgitation of food, limited strength, limited range of motion, Pain Interference with ADLs, balance deficit PROCEDURES: Medication Review: The medication was reviewed with the patient , Home exercises : Heel slides, slr, le abd/add, long arc , mini squats , wall push and wall squats --10x2, cough/deep breathing exercises, equipment training, 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, * 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 manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent	PT Goals PATIENT-STATED GOAL: To walk straight with out pain GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * how to manage inflammatory process * optimize mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * 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 * 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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule Lower Body Dressing - 06. Independent Shower/Bathe Self - 06. Independent Don/Doff Footwear - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/13/2025

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			Sit to Stand - 06. Independent	
			Car Transfer - 06. Independent	

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