

Home Health Certification and Plan of Care				Order ID: 1150/12507							
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.			
481169287		09/17/2025		From: 09/17/2025 To: 11/15/2025		11144		217058			
6. Patient's Name and Address Margaret Buie 8108 Silver Fox Circle, GLEN BURNIE, MD 21061- 410-562-1879					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 06/14/1952 9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged						
11. ICD Z47.1		Principal Diagnosis Aftercare following joint replacement surgery			Date 09/17/25		Maxzide-25 - Hydrochlorothiazide: Triamterene 37.5-25 mg , Take half tablet by mouth in the morning Take half tablet by mouth every morning for blood pressure Cozaar - Losartan Potassium 50 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for blood pressure. Lipitor - Atorvastatin Calcium 40 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) , Take 5,000 Units tablet by mouth once a day Take 5,000 Units by mouth daily Glucotrol - Glipizide 5 mg , Take one-half tablet by mouth once a day Take one-half tablet by mouth daily for Diabetes Tylenol #3 - Acetaminophen: Codeine Phosphate 300-30 mg , Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 hours as needed for pain or severe pain for up to 3 days mega-3 Fatty AcidsFish Oil 340-1,000 mg , take 1 Capsule by mouth three times a day one tabTID (changed 4/10/14) Cetirizine 10 mg , Take one tablet by mouth once a day Take one po qd Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every 6 hours Pain Colace - Docusate Sodium 81 by mouth twice a day Aspirin 81Mg - Aspirin 81 by mouth twice a day				
13. ICD Z96.651 M17.12 E11.9 I10. M85.80 E78.00 M06.9 M47.812 G47.00 Z85.828 Z86.0100 Z79.84 Z79.82					Other Pertinent Diagnoses Presence of right artificial knee joint Unilateral primary osteoarthritis left knee Type 2 diabetes mellitus without complications Essential (primary) hypertension Oth disrd of bone density and structure unspecified site Pure hypercholesterolemia unspecified Rheumatoid arthritis unspecified Spondylosis w/o myelopathy or radiculopathy cervical region Insomnia unspecified Personal history of other malignant neoplasm of skin Personal history of colonic polyps Long term (current) use of oral hypoglycemic drugs Long term (current) use of aspirin			Date 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25			
14. DME and Supplies: wound care supplies, walker, diabetic supplies, cane, bath bench					15. Safety Measures: walker precautions, , knee precautions, infectious material management, , diabetic precautions, bathroom safety, avoid temperature extremes, ambulates with device						
16. Nutrition: low cholesterol, low sodium					17. Allergies: pcn prinivil sulfa sulfur						
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation, Endurance					18.B. Activities Permitted Walker, Crutches, Cane, Up As Tolerated						
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No											
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 09/17/2025										25. Date HHA Received Signed POT	
24. Physician's Name and Address James Huang 8028 Ritchie Hwy Pasadena, MD 21122 PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709					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 : 08/18/2025						
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. PAGE 1 of 4						

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PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: 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., glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * low cholesterol dietary guidelines, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * 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 * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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PT Careplans PT WK1: 3 (09/17/25-09/20/25) ,WK2: 3 (09/21/25-09/27/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, 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, 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, Picking Up Object - 05. Setup or clean-up assistance	PT Goals PATIENT-STATED GOAL: patient wants to return to driving , and leaving the home as capable GOALS 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 Oral Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance Walk 10 Feet - 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 Toileting Hygiene - 05. Setup or clean-up assistance Chair to Bed to Chair - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including
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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	09/17/2025

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			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 Sit to Stand - 04. Supervision or touching assistance 4 Steps - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Car Transfer - 04. Supervision or touching assistance Walk 150 Feet - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance	

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