

Home Health Certification and Plan of Care					Order ID: 1150/13138				
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
37106655		10/07/2025		From: 10/07/2025 To: 12/04/2025		17466		217058	
6. Patient's Name and Address Monica Burgess 1416 Scanlan Dr, GLEN BURNIE, MD 21061- 410-903-3249					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 11/07/1959 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD		Principal Diagnosis			Date		Desyrel - Trazodone Hydrochloride 50 mg Oral Tab,Take 1 and one-half tablet by mouth at bedtime Take 1 and one-half one-half tablets by mouth nightly at bedtime		
Z47.1		Aftercare following joint replacement surgery			10/07/25		Norco - Acetaminophen: Hydrocodone Bitartrate 5-325 mg Oral Tab,Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for pain		
13. ICD		Other Pertinent Diagnoses			Date		Jadenu - Deferasirox 90 mg Oral Tab,Take 10 tablets by mouth once a day		
Z96.651		Presence of right artificial knee joint			10/07/25		Neurontin - Gabapentin 100 mg Oral Cap,Take 4 capsules by mouth at bedtime Take 4 capsules by mouth daily at bedtime		
D46.9		Myelodysplastic syndrome unspecified			10/07/25		Pepcid - Famotidine 20 mg Oral Tab , Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime		
M17.12		Unilateral primary osteoarthritis left knee			10/07/25		Fosamax - Alendronate Sodium 70 mg Oral Tab, Take 1 tablet by mouth once a week Take 1 tablet by mouth every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication		
N20.0		Calculus of kidney			10/07/25		Drisdol - Ergocalciferol 1,250 mcg,Take 1 capsule by mouth once a week Take 1 capsule by mouth every 7 days		
K76.0		Fatty (change of) liver not elsewhere classified			10/07/25		Mobic - Meloxicam 15 mg Oral Tab,Take 1 tablet by mouth once a day Aspirin 81Mg - Aspirin 81 by mouth twice a day		
D64.9		Anemia unspecified			10/07/25		Oxaydo - Oxycodone Hydrochloride 5mg by mouth every 4 hours Pain Colace - Docusate Sodium 100mg by mouth twice a day Constipation		
R73.01		Impaired fasting glucose			10/07/25				
Z87.891		Personal history of nicotine dependence			10/07/25				
14. DME and Supplies: walker, grab bars, cane, bath bench					15. Safety Measures: walker precautions, medication safety, knee precautions, infectious material management, bathroom safety, avoid temperature extremes, fall precautions, ambulates with device				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: percocet				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 10/07/2025							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 : 09/25/2025				
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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18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Endurance, Ambulation			Walker, Cane, Up As Tolerated		
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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: After undergoing Right Total Knee Replacement surgery, 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">This is a 65-year-old female with a past medical history of myelodysplastic syndrome (MDS), a prior left knee replacement, and a port located on the right side of her chest. The patient is alert and oriented to person, place, time, and situation (AO 4). She denies chest pain, palpitations, or dizziness. Lung sounds are clear with diminished breath sounds at the bases. The patient voided without difficulty and had a normal bowel movement this morning, with normoactive bowel sounds noted on assessment. Pedal pulses are present bilaterally. The patient was educated on signs and symptoms of infection and deep vein thrombosis (DVT), as well as the action and effects of prescribed medications. She verbalized understanding and successfully completed a return demonstration using the incentive spirometer. Education was also provided regarding port site care, including that the dressing will be removed by a nurse or therapist on post-procedure day seven. The dressing is currently dry and intact. For further information, please refer to the signature or communication page for full details of today's assessment.</p><p class="MsoNoSpacing"> </p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">10/07/2025 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 09/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Knee Replacement surgery 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 - SN Notes: PT Eval Notes: </p><p class="MsoNoSpacing">Physician: Huang, James</p>					
SN Careplans			SN Goals		
SN WK1: 1 (10/07/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25)			PATIENT-STATED GOAL: Walk my dog without pain		
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			GOALS		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* how to achieve wound healing including cleaning and dressing wound		
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.			* position changes		
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.			* skin care		
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			* diet modification		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* record wound measurements		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			* recalls related medication(s) purpose, schedule		
Provide education content at patient's level of health literacy.			patient/caregiver recalls		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting		
Assess: Musculoskeletal status.			* diarrhea		
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			* appetite loss		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* hair loss		
Pt/PCg educated in pain management techniques including positioning and relaxation techniques			* fatigue		
Instruct Pt/PCg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			* insomnia		
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.			* recalls related medication(s) purpose, schedule		
; 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			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 modification to manage blood condition including dietary changes		
			* bleeding precautions		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to manage symptoms of nicotine withdrawal and nicotine cravings		
			* 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		
Signature of Physician:			Date		
			PAGE 2 of 4		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			10/07/2025		

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Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, constipation, limited endurance, swelling of affected area, limited range of motion, muscle weakness, Pain Interference with Therapy activities, B1000 - Vision Deficit, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, bleeding/painful gums, swell/redness surround. skin, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Right Knee - 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., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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 manage symptoms of nicotine withdrawal and nicotine cravings, 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 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 PT Careplans PT WK1: 3 (10/07/25-10/11/25) ,WK2: 3 (10/12/25-10/18/25) 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: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, pil Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Ice to R knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention 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 - 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 - 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: To be able to walk with my cane 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 Eating - 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 Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Sit to Stand - 06. Independent 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 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 Signature of Physician: Electronically Signed by Messick, Charles SN RN Date PAGE 3 of 4 Date 10/07/2025						

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		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		
		Car Transfer - 06. Independent		

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	10/07/2025