

Home Health Certification and Plan of Care				Order ID: 1150/13200					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
82189046		10/17/2025		From: 10/17/2025 To: 12/14/2025		17967		217058	
6. Patient's Name and Address					7. Provider's Name, Address and Telephone Number				
Betty Moore 4618 Chatford Avenue, BALTIMORE, MD 21206- 410-675-0186					HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239				
8. DOB 07/22/1948 9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	Aspirin 81Mg - Aspirin Take 81 mg, Tablet by mouth twice a day Take 1 tablet by mouth 2 times a day for 28 days Colace - Docusate Sodium Take 100 mg, capsule by mouth twice a day Take 1 capsule by mouth 2 times a day Roxicodone - Oxycodone Hydrochloride Take 5 mg, 1 to 2 tablets by mouth every 4 hours Take 1 to 2 tablets by mouth every 4 hours as needed for pain Lipitor - Atorvastatin Calcium 20 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection Prinivil - Lisinopril 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily Remeron - Mirtazapine 15 mg, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime hydroCHLORothiazide (ESIDRIX/HYDRODIURIL) 25 mg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning Lexapro - Escitalopram Oxalate 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily Xalatan - Latanoprost 0.005 % Opht Drop, Instill 1 drop both eyes in the evening Instill 1 drop in both eyes every evening Cosopt - Dorzolamide Hydrochloride: Timolol Maleate 22.3-6.8 mg/mL Opht Drop, Instill 1 drop both eyes twice a day Instill 1 drop in both eyes 2 times a day Tylenol - Acetaminophen 500 mg, Take 2 tablets by mouth every 8 hours as needed for pain 1 to 2 tablets every 8				
Z47.1	Aftercare following joint replacement surgery			10/17/25					
13. ICD	Other Pertinent Diagnoses			Date					
E11.9	Type 2 diabetes mellitus without complications			10/17/25					
I10.	Essential (primary) hypertension			10/17/25					
I70.0	Atherosclerosis of aorta			10/17/25					
G31.84	Mild cognitive impairment of uncertain or unknown etiology			10/17/25					
H40.89	Other specified glaucoma			10/17/25					
E55.9	Vitamin D deficiency unspecified			10/17/25					
R32.	Unspecified urinary incontinence			10/17/25					
Z79.82	Long term (current) use of aspirin			10/17/25					
Z96.653	Presence of artificial knee joint bilateral			10/17/25					
Z90.89	Acquired absence of other organs			10/17/25					
23. Signature and Date of Verbal SOC Where Applicable:					25. Date HHA Received Signed POT				
Electronically Signed by Messick, Charles SN RN on 10/17/2025									
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.				
James Huang 8028 Ritchie Hwy Pasadena, MD 21122 PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709					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.				
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			hours as needed		
			Drisdol - Ergocalciferol 1,250 mcg, Take1 capsule by mouth once a day Take 1 capsule by mouth every 7 days		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, grab bars, bath bench, cane			walker precautions, medication safety, knee precautions, infectious material management, fall precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
low sodium			Penicillin		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Ambulation, Endurance			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: 1. In new or complex situations only, 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: 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.			family/caregiver will be responsible for managing treatment		
Homebound status: After undergoing Left 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">The patient is a 77-year-old female who recently underwent a left total knee replacement. Her past medical history includes hypertension, hyperlipidemia, glaucoma, and a prior right knee replacement for osteoarthritis. She also has a history of mood disorder and appendicitis. The patient is alert and oriented 4, denies chest pain or dizziness, and reports shortness of breath with minimal exertion. Lung sounds are clear, pedal pulses are present, and bowel and bladder functions are normal. She currently resides in a senior apartment building on the second floor but is temporarily staying with her daughter in a first-floor setup following surgery. The patient was educated on medication management, signs and symptoms of deep vein thrombosis (DVT), infection, and acute respiratory distress. Functionally, the patient ambulates indoors with a rolling walker for 30 feet 2 with contact guard assistance and moderate verbal cues for sequencing. Bed mobility on a sofa is labored, and transfers from a sofa require moderate assistance, while transfers from a chair with arms require supervision. Outdoor mobility, stair navigation, and car transfers were not assessed. The home has six steps with a rail to enter, and the patient is considered homebound due to the significant effort required to leave home, supported by a Tinetti score of 9/28. The patient would benefit from continued home physical therapy to improve strength, range of motion, and functional independence. Education was provided on maintaining a pain medication schedule, elevating the left leg above heart level, ambulating five times daily with a walker, and applying ice for 20 minutes several times a day.</o:p></o:p></p> <p class="MsoNoSpacing"> </o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">10/17/2025 Order<o:p></o:p></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 Left 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<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Huang, James</p>					
SN Careplans			SN Goals		
SN WK1: 1 (10/17/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25)			PATIENT-STATED GOAL: I want to walk 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			* lifestyle modifications to manage respiratory condition including		
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/pgc on cleaning with normal saline and covering with dry gauze daily and as needed.			* diet changes and regular exercise		
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.			* strategies to control shortness of breath		
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 Ratin is greater than 6 on 0-10 scale Pulse is greater than 110 or less than 50 Respirations are			* 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 self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			caregiver administers and/or packages medications appropriately		
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
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Rating is greater than 6 on 0-10 scale, Pain is greater than 22 or less than 8, respiratory 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, constipation, increased urine output, muscle spasms, limited range of motion, limited strength, Pain Interference with Therapy activities, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Left Knee - PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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., monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately					
PT Careplans			PT Goals		
PT WK1: 1 (10/17/25-10/18/25) ,WK2: 3 (10/19/25-10/25/25) ,WK3: 2 (10/26/25-11/01/25)			PATIENT-STATED GOAL: To be able to walk by myself and go home		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, 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			GOALS Toilet Transfer - 06. Independent		
PROCEDURES: Home exercise program : Supine quad sets, short arc quads, hip flexion, straight leg raise, hip abduction. Standing knee flexion hip abduction, hip extension plantarflexion squats, sitting knee extension, ankle pumps , Stretching to left knee , Left leg positioning., equipment training, gait training on uneven surfaces, gait training/stair training, transfers training			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		
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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4			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		
			Oral Hygiene - 06. Independent		
			Lower Body Dressing - 05. Setup or clean-up assistance		
			Toileting Hygiene - 06. Independent		
			Don/Doff Footwear - 05. Setup or clean-up assistance		
			Eating - 06. Independent		
			Car Transfer - 04. Supervision or touching assistance		
			Walk 150 Feet - 04. Supervision or touching assistance		
Signature of Physician:			Date		
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Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance		Walk 10 ft on Uneven Surface - 04. Supervision or touching 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Shower/Bathe Self - 03. Partial/moderate assistance Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		

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