

Home Health Certification and Plan of Care				Order ID: 1150/13428					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
15257917		10/23/2025		From: 10/23/2025 To: 12/21/2025		18059		217058	
6. Patient's Name and Address Deborah Hevner 3223 Roberts Mill Rd, Taneytown, MD 21787- 410-984-7936					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 07/31/1966 9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD Z47.1	Principal Diagnosis Aftercare following joint replacement surgery			Date 10/23/25	hydroCHLORothiazide (ESIDRIX/HYDRODIURIL) 25 mg, take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning Carafate - Sucralfate 1 gram, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth before meals and at bedtime Dissolve 1 gm tab in 30 cc water and swallow 30 minutes before meals and before bed time Norvasc - Amlodipine Besylate 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily Neurontin - Gabapentin 300 mg, Take one capsule by mouth at bedtime. Increase as directed up to 2 capsules three times daily Tylenol - Acetaminophen 500 mg, Take 2 tablets by mouth three times a day Take 2 tablets by mouth 3 times a day Aspirin - Aspirin 81mg by mouth twice a day Blood thinner Meloxicam - Meloxicam 15 mg 15mg by mouth once a day Taken for pain Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 6 hours Taken for pain Docusate Sodium - Docusate Sodium 100mg by mouth once a day Stool softner				
14. DME and Supplies: cane, walker					15. Safety Measures: infectious material management, , ambulates with device, ambulates with assistance,				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: no known allergies				
18.A. Functional Limitations Endurance, Ambulation					18.B. Activities Permitted Walker, 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									
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 10/23/2025							25. Date HHA Received Signed POT		
24. Physician's Name and Address Stephen Ilario 655 Watkins Mill Rd Gaithersburg, MD 20879 PHONE: FAX: NPI: 1164425419					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 : 10/08/2025				
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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Monitor surgical wound for signs of infection, educate on signs 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, #1 - Non-Observable Surgical Wound - Anterior Right Thigh - PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To surgical joint site- Do not remove the dressing. Dressing to be removed at Post Op visit with the Surgeon. If dressing is saturated or any other issues with the dressing, patient to go to the surgeons office for examination and replacement of the dressing. 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence				
PT Careplans		PT Goals		
PT WK1: 2 (10/23/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25)		PATIENT-STATED GOAL: To have a successful post op procedure		
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		GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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		
PROCEDURES: B LE strengthening/ ROM exercises, Standing balance Training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training		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 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		
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 - 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				
Signature of Physician:		Date		
		PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		10/23/2025		

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		4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent		

Signature of Physician:	Date PAGE 4 of 4
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