

Home Health Certification and Plan of Care				Order ID: 1150/13551	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
541012193		10/29/2025		From: 10/29/2025 To: 12/27/2025	
				4. Medical Record No.	
				18325	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Shannon Shirvan			HomeCentris Healthcare LLC		
4114 Pemberton Ct,			10 Crossroads Drive, Suite 102		
ELLICOTT CITY, MD 21043-			Owings Mills, MD 21117-8284		
410-336-8608			410-321-8448		
			1487113239		
SN WK1: 1 (10/29/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25)			PATIENT-STATED GOAL: "To be able to walk with no pain and go hiking again."		
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 optimize mental status with cognition therapy		
Assess: Musculoskeletal status.			* home safety		
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			* optimize mobility with active and passive range of motion therapeutic exercises		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* diet and fluids to optimize peripheral circulation		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* recalls related medication(s) purpose, schedule		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			patient/caregiver recalls		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			* how to keep journal of food and fluid intake		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			* healthy meal plan tips		
; 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			* exercise program		
Advance Directive:Living Will			* nutritional knowledge		
PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Interference with Therapy activities, Pain Interference with ADLs, obesity, #1 - Non-Observable Surgical Wound - Anterior Left Knee -			* recalls related medication(s) purpose, schedule		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: The Aquacel dressing is to remain in place and be removed 7 days postoperatively by the nurse or therapist only. If the dressing becomes visibly soiled, it should be changed sooner			patient/caregiver recalls		
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			* 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		
			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			10/29/2025		

Home Health Certification and Plan of Care				Order ID: 1150/13551	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
541012193		10/29/2025		From: 10/29/2025 To: 12/27/2025	
				4. Medical Record No.	
				18325	
				5. Provider No.	
				217058	
6. Patient's Name and Address Shannon Shirvan 4114 Pemberton Ct, ELLICOTT CITY, MD 21043- 410-336-8608			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		
PT WK1: 2 (10/29/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25) ,WK3: 2 (11/09/25-11/15/25)			PATIENT-STATED GOAL: To walk independently		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, 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 Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Sit to Stand - 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 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 Shower/Bathe Self - 03. Partial/moderate assistance Toileting Hygiene - 06. Independent Oral Hygiene - 06. Independent Eating - 06. Independent Medication Review- Patient/caregiver recalls related purpose and schedule of medications.		
PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training					
TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 03. Partial/moderate 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.					

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/29/2025