

Home Health Certification and Plan of Care				Order ID: 1150/13833	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
4X91Y40TV94		11/07/2025		From: 11/07/2025 To: 01/05/2026	
				4. Medical Record No.	
				6495	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Michael Cascio				HomeCentris Healthcare LLC	
5226 Dewitt,				10 Crossroads Drive, Suite 102	
Halethorpe, MD 21227-				Owings Mills, MD 21117-8284	
443-928-6110				410-321-8448	
				1487113239	
8. DOB				10/01/1950	
9. Sex				Male	
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		11/07/25	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.653		Presence of artificial knee joint bilateral		11/07/25	
I25.10		AthscL heart disease of native coronary artery w/o ang pctrs		11/07/25	
I10.		Essential (primary) hypertension		11/07/25	
E78.5		Hyperlipidemia unspecified		11/07/25	
H26.9		Unspecified cataract		11/07/25	
E66.9		Obesity unspecified		11/07/25	
Z68.31		Body mass index [BMI] 31.0-31.9 adult		11/07/25	
Z79.82		Long term (current) use of aspirin		11/07/25	
Z79.891		Long term (current) use of opiate analgesic		11/07/25	
Z87.891		Personal history of nicotine dependence		11/07/25	
14. DME and Supplies:				15. Safety Measures:	
cane, rolling walker, walker				knee precautions, infectious material management, , walker precautions, , transfer with assist, , , bathroom safety, ambulates with device, ambulates with assistance	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Cane, 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: 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: 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.				patient will be responsible for managing treatment	
Homebound status: After undergoing Left Total Knee Arthroplasty, 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: <div>The patient is a 75-year-old male evaluated at home on postoperative day 1 following a left total knee arthroplasty. His past medical history is notable for coronary artery disease (CAD), hyperlipidemia (HLD), hypertension (HTN), and a prior right total knee arthroplasty. Prior to surgery he was independent with mobility, intermittently using a single-point cane for pain. He resides in a multilevel home with his spouse and grandson and has a dog (caregiver requested staff call ahead before <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh>). The patient is ambulatory with a rolling walker (RW) and reports an established medication schedule with postoperative analgesics in place. On examination left knee range of motion measured 5-100 (flexion/extension with overpressure). He demonstrates limitations in range of motion, lower-extremity strength, endurance, standing balance and overall functional mobility. He stands and performs transfers independently and ambulates indoors with the RW, however he demonstrates impulsive behavior and frequently walks away from his assistive device, increasing fall risk. He currently negotiates stairs independently; outdoor ambulation and car transfers were not assessed today. Timed Up and Go (TUG) was 14 seconds, consistent with a high fall risk. Interventions and education provided included review of the home exercise program (HEP) (seated and standing therapeutic exercises and hourly ambulation), instruction to maintain icing and elevation of the operative knee, and strict reinforcement to use the assistive device at all times for safety; the patient verbalized understanding. Plan: continue skilled physical therapy to address deficits in ROM, strength, balance and endurance, promote wound healing and safe mobility, provide progressive therapeutic exercise and functional training, monitor pain control and safety at home, and coordinate <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> with the household (call prior due to dog). The patient is expected to benefit from ongoing skilled therapy to facilitate a safe return to his prior level of function.</div><div> </div><div> </div><div>Date of Order</div><div>11/07/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/29/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Arthroplasty</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes: eval</div><div> </div><div>Physician</div><div>Huang , James</div></div>					
SN Careplans				SN Goals	
SN WK1: 1 (11/07/25-11/08/25) ,WK2: 1 (11/09/25-11/15/25)				PATIENT-STATED GOAL: Get rid of my walker	
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: 10. None of the above				* how to achieve wound healing including cleaning and dressing wound	
				* position changes	
				* skin care	
				* diet modification	
				* record wound measurements	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/07/2025					
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				F2F date : 10/29/2025	
8028 Ritchie Hwy					
Pasadena, MD 21122					
PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709					
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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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. 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. 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 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited endurance, limited strength, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Left Knee - PROCEDURES: MEDICATION REVIEW: Medications reviewed with patient. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Remove aquacel 7 days after surgery. Keep incision dry and clean. If incision is oozing, cover with dry gauze and change daily., teach/coordinate/arrange medication packaging and/or administration TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * 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, caregiver administers and/or packages medications appropriately, MEDICATION REVIEW	* recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver administers and/or packages medications appropriately MEDICATION REVIEW
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PT Careplans PT WK1: 1 (11/07/25-11/08/25) ,WK2: 3 (11/09/25-11/15/25) ,WK3: 2 (11/16/25-11/22/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Effect on Sleep, GG017011 - Walk 10 Feet, 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, GG0130B1 - Oral Hygiene, 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: 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: * 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.	PT Goals PATIENT-STATED GOAL: To walk independently 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 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
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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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.			Walk 150 Feet - 05. Setup or clean-up assistance		
			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 - 06. Independent		
			Shower/Bathe Self - 03. Partial/moderate assistance		
			Toileting Hygiene - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Medication Review- Patient/caregiver recalls related purpose and schedule of medications.		
			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		

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	PAGE 3 of 3
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