

Home Health Certification and Plan of Care							Order ID: 1150/13922		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
3JD8AP5XC22		11/11/2025		From: 11/11/2025 To: 01/09/2026		18677		217058	
6. Patient's Name and Address Susan Moriarty 3565 Church Rd, ELLICOTT CITY, MD 21043- 443-538-0648					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 08/28/1956 9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	Proventil - Albuterol 90 mcg/actuation, Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs by mouth every 4 hours as needed for wheezing or shortness of breath Ecotrin - Aspirin 81 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day for 28 days (Patient not taking: Reported on 10/15/2025) Colace - Docusate Sodium 100 mg , Take 1 capsule by mouth twice a day Roxicodone - Oxycodone Hydrochloride 5 mg, Take 1 to 2 tablets by mouth every 4 hours Take 1 to 2 tablets by mouth every 4 hours as needed for pain Atacand - Candesartan Cilexetil 16 mg, Take 1 table by mouth once a day Desyrel - Trazodone Hydrochloride 50 mg, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth at bedtime as needed for sleep Norvasc - Amlodipine Besylate 5 mg, Take 1 and one-half tablets by mouth once a day Lipitor - Atorvastatin Calcium 80 mg, Take half tablet by mouth in the evening Amerge - Naratriptan Hydrochloride 2.5 mg, Take 1 tablet by mouth as necessary Take 1 tablet by mouth one time at onset of migraine headache, may repeat dose after 4 hours if no relief (Patient not taking: Reported on 10/15/2025) Singulair - Montelukast Sodium 10 mg, Take 1 tablet by mouth in the evening Extra Strength Tylenol - Acetaminophen 1000 by mouth every 6 hours Mild pain				
Z47.1	Aftercare following joint replacement surgery			11/11/25					
13. ICD	Other Pertinent Diagnoses			Date					
Z96.652	Presence of left artificial knee joint			11/11/25					
I10.	Essential (primary) hypertension			11/11/25					
E78.00	Pure hypercholesterolemia unspecified			11/11/25					
G47.33	Obstructive sleep apnea (adult) (pediatric)			11/11/25					
J45.909	Unspecified asthma uncomplicated			11/11/25					
H81.22	Vestibular neuronitis left ear			11/11/25					
R73.03	Prediabetes			11/11/25					
E55.9	Vitamin D deficiency unspecified			11/11/25					
J30.9	Allergic rhinitis unspecified			11/11/25					
G47.00	Insomnia unspecified			11/11/25					
R90.82	White matter disease unspecified			11/11/25					
E66.9	Obesity unspecified			11/11/25					
Z68.36	Body mass index [BMI] 36.0-36.9 adult			11/11/25					
Z90.49	Acquired absence of other specified parts of digestive tract			11/11/25					
Z79.82	Long term (current) use of aspirin			11/11/25					
Z86.0100	Personal history of colonic polyps			11/11/25					
Z90.710	Acquired absence of both cervix and uterus			11/11/25					
Z85.828	Personal history of other malignant neoplasm of skin			11/11/25					
Z85.43	Personal history of malignant neoplasm of ovary			11/11/25					
Z87.891	Personal history of nicotine dependence			11/11/25					
14. DME and Supplies: walker, grab bars, bath bench, cane					15. Safety Measures: walker precautions, medication safety, knee precautions, fall precautions, diabetic precautions, bathroom safety, avoid temperature extremes, ambulates with device				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: ace inhibitors motrin				
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation, Endurance					18.B. Activities Permitted 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No									
20. Prognosis: good									
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from					22.B.Discharge Plans patient will be responsible for managing treatment				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 11/11/2025							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 : 10/15/2025				
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				

Home Health Certification and Plan of Care				Order ID: 1150/13922
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3JD8AP5XC22	11/11/2025	From: 11/11/2025 To: 01/09/2026	18677	217058
6. Patient's Name and Address Susan Moriarty 3565 Church Rd, ELLICOTT CITY, MD 21043- 443-538-0648		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		
another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.				
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 69-year-old female who recently underwent left knee replacement surgery and requires a walker for ambulation and leaving her home. She lives with her husband and has a past medical history of hypertension, hyperlipidemia, type 2 diabetes mellitus, arthritis, and sleep apnea. The patient is alert and oriented 4 and denies chest pain, palpitations, or dizziness. She reports shortness of breath on exertion. Lung sounds are clear with diminished bases. She voids without difficulty and had a normal bowel movement yesterday with normoactive bowel sounds. Pedal pulses are present. The patient received education on medication actions and effects, signs and symptoms of infection and DVT, proper use of compression socks, and incentive spirometer technique, with return demonstration completed. She demonstrated understanding and awareness that her dressing will be removed seven days post-procedure. On assessment, limitations were noted in range of motion, strength, endurance, standing balance, and functional mobility. The patient performs transfers and standing with supervision and walker assistance, ambulates on indoor level surfaces with supervision, and negotiates a single step with minimal assistance. Outdoor ambulation and car transfers were not assessed. Left knee range of motion measures 6-94 degrees of flexion/extension with overpressure. Timed Up and Go (TUG) test was completed in 1:20, indicating high fall risk. The home exercise program, including supine therapeutic exercises, sit-to-stands, and hourly ambulation, was reviewed with the patient and her spouse. Skilled therapy services are indicated to address deficits, promote independence, and support a safe return to prior level of function.</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">11/11/2025 Order<o:p></o:p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 10/15/2025 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 (11/11/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25)		PATIENT-STATED GOAL: Walk without pain and keep my balance		
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 take the patient's blood pressure		
Assess: Musculoskeletal status.		* record the reading		
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		* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.		patient/caregiver recalls		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques		* how to manage sleep disorder including changes to daytime habits and bedtime routine		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,		* maintaining a journal to track sleep patterns		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training		* recalls related medication(s) purpose, schedule		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.		patient/caregiver recalls		
; 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		* low cholesterol dietary guidelines		
Advance Directive:Living Will		* recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle spasms, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Interference with Therapy activities, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, obesity, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Left Knee -		patient/caregiver recalls		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove ..		* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms		
		* recalls related medication(s) purpose, schedule		
		patient/caregiver recalls		
		* dietary guidelines for managing nutritional deficit		
		* recalls related medication(s) purpose, schedule		
		patient/caregiver recalls		
		* how to keep journal of food and fluid intake		
		* healthy meal plan tips		
		* exercise program		
		* nutritional knowledge		
		* 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 RN		11/11/2025		

Home Health Certification and Plan of Care				Order ID: 1150/13922		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
3JD8AP5XC22		11/11/2025	From: 11/11/2025 To: 01/09/2026		18677	217058
6. Patient's Name and Address Susan Moriarty 3565 Church Rd, ELLCOTT CITY, MD 21043- 443-538-0648			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			
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: Review medications at each visit, report any new, discontinued, changes and missing medications TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * 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 * 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 caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence			
PT Careplans			PT Goals			
PT WK1: 2 (11/11/25-11/15/25) ,WK2: 3 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25)			PATIENT-STATED GOAL: To walk independently			
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			
PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 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 - 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.			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			
			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			
			Lower Body Dressing - 06. Independent			
			Don/Doff Footwear - 06. Independent			
			Eating - 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			
			Medication Review- Patient/caregiver recalls related purpose and schedule of medications.			
			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			
			Oral Hygiene - 06. Independent			
Signature of Physician:			Date			
			PAGE 3 of 4			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			11/11/2025			

Home Health Certification and Plan of Care				Order ID: 1150/13922
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3JD8AP5XC22	11/11/2025	From: 11/11/2025 To: 01/09/2026	18677	217058
6. Patient's Name and Address Susan Moriarty 3565 Church Rd, ELLICOTT CITY, MD 21043- 443-538-0648		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		
		Shower/Bathe Self - 03. Partial/moderate assistance		
		Toileting Hygiene - 06. Independent		

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/11/2025