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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                    |                                                      |                       |                                 | Order ID: 1150/14296                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                 |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                     |                                                      | 2. Start Of Care Date | 3. Certification Period         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. Medical Record No.            | 5. Provider No. |
| 83314141                                                                                                                                                                                                                                                                                                      |                                                      | 11/21/2025            | From: 11/21/2025 To: 01/19/2026 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 19151                            | 217058          |
| 6. Patient's Name and Address<br>William Heslin<br>1115 Bryn Mawr Rd,<br>BALTIMORE, MD 21210-<br>860-690-9475                                                                                                                                                                                                 |                                                      |                       |                                 | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                 |
| 8. DOB            10/21/1952    9. Sex            Male                                                                                                                                                                                                                                                        |                                                      |                       |                                 | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| 11. ICD                                                                                                                                                                                                                                                                                                       | Principal Diagnosis                                  |                       | Date                            | Motrin - Ibuprofen 600 mg Oral Tab,Take 1 tablet by mouth every 6 hours as needed<br>Take with food<br>Buspar - Buspirone Hydrochloride 15 mg Oral Tab,Take 1 tablet by mouth twice a day a day as needed for anxiety<br>(Patient not taking:<br>Reported on 10/31/2025)<br>PEG 3350 - Electrolytes (GAVILYTE-C) 240-22.72- 6.72 -5.84 gram Oral by mouth as necessary Use as directed to prepare for exam (Patient not taking:<br>Reported on 10/31/2025)<br>Crestor - Rosuvastatin Calcium 10 mg Oral Tab, Take 1 tablet by mouth once a day to prevent heart attack and stroke<br>(Patient not taking:<br>Reported on 10/31/2025)<br>Tylenol - Acetaminophen 500 mg Oral Tab,Take 1 tablet by mouth every 6 hours as needed<br>Roxicodone - Oxycodone Hydrochloride 5 mg Oral Tab,Take 1 to 2 tablets by mouth every 4 hours as needed for pain (Patient not taking:<br>Reported on 10/31/2025)<br>Colace - Docusate Sodium 100 mg Oral Cap,Take 1 capsule by mouth twice a day<br>Revatio - Sildenafil Citrate 20 mg Oral Tab,Take 4 to 5 tablets by mouth every hour as needed 1 hour prior to sexual activity. Do not exceed 5 tablets in 24 hours<br>Ergocalciferol - Ergocalciferol (VITAMIN D ORAL) by mouth as necessary<br>Miralax - Polyethylene Glycol 3350 17 gram/dose Oral Powd,Take 17 g by mouth once a day (Patient not taking:<br>Reported on 10/31/2025) |                                  |                 |
| Z47.1                                                                                                                                                                                                                                                                                                         | Aftercare following joint replacement surgery        |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| 13. ICD                                                                                                                                                                                                                                                                                                       | Other Pertinent Diagnoses                            |                       | Date                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| N50.9                                                                                                                                                                                                                                                                                                         | Disorder of male genital organs unspecified          |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| H52.203                                                                                                                                                                                                                                                                                                       | Unspecified astigmatism bilateral                    |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| L57.0                                                                                                                                                                                                                                                                                                         | Actinic keratosis                                    |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| Z79.82                                                                                                                                                                                                                                                                                                        | Long term (current) use of aspirin                   |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| Z86.0100                                                                                                                                                                                                                                                                                                      | Personal history of colonic polyps                   |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| Z85.828                                                                                                                                                                                                                                                                                                       | Personal history of other malignant neoplasm of skin |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| Z96.653                                                                                                                                                                                                                                                                                                       | Presence of artificial knee joint bilateral          |                       | 11/21/25                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| 14. DME and Supplies:<br>wound care supplies, cane, bath bench, rolling walker                                                                                                                                                                                                                                |                                                      |                       |                                 | 15. Safety Measures:<br>walker precautions, , knee precautions, ambulates with device                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                 |
| 16. Nutrition:<br>regular                                                                                                                                                                                                                                                                                     |                                                      |                       |                                 | 17. Allergies:<br>beta blockers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| 18.A. Functional Limitations<br>Legally Blind, Endurance, Dyspnea With Minimal Exertion                                                                                                                                                                                                                       |                                                      |                       |                                 | 18.B. Activities Permitted<br>Up As Tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                 |
| 19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No          |                                                      |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| 20. Prognosis: good                                                                                                                                                                                                                                                                                           |                                                      |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |
| 22. A Rehabilitation Potential:<br>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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities. |                                                      |                       |                                 | 22.B.Discharge Plans<br>patient will be responsible for managing treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                 |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles RN on 11/21/2025                                                                                                                                                                                          |                                                      |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25. Date HHA Received Signed POT |                 |
| 24. Physician's Name and Address<br>Patrick Narcisse<br>2391 Greenspring Dr<br>Timonium , MD 21093<br>PHONE: 410-847-3000 FAX: NPI: 1508397092                                                                                                                                                                |                                                      |                       |                                 | 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.<br>F2F date : 10/31/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                 |
| 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.<br><br>PAGE 1 of 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                 |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |                                                                                                                                                                                                             | Order ID: 1150/14296 |                       |                 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                     |                      | 4. Medical Record No. | 5. Provider No. |
| 83314141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 11/21/2025            | From: 11/21/2025 To: 01/19/2026                                                                                                                                                                             |                      | 19151                 | 217058          |
| 6. Patient's Name and Address<br>William Heslin<br>1115 Bryn Mawr Rd,<br>BALTIMORE, MD 21210-<br>860-690-9475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                               |                      |                       |                 |
| Homebound status: After undergoing Right Total Knee Replacement, 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 73-year-old male who resides with his wife in a single-family home that includes 14 steps leading to the bedroom. He reports sleeping in his bed last night and is currently postoperative day one following a right total knee replacement (R TKR). Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, he reports right knee pain rated 5/10 at the time of visit, which was 6/10 earlier in the morning; he took prescribed pain medication at 7:00 AM and is using ice therapy for symptom relief. A surgical dressing is in place over the right knee, clean, dry, and intact, with plans for skilled nursing and physical therapy to remove it on postoperative day seven. Skilled nursing provided education on signs and symptoms requiring immediate reporting, including increasing pain, swelling, elevated temperature, or increased drainage with odor.&nbsp; The patient's medical history is significant for bilateral knee osteoarthritis, prior left TKR in 2022, previously excised basal and squamous cell skin cancers, actinic keratosis, bilateral glaucoma suspect, adenomatous colonic polyps, a male genital organ disorder, and hyperlipidemia for which he declines statin therapy. Functionally, he presents with bilateral lower-extremity weakness, postoperative right knee stiffness, reduced range of motion, slowed gait speed, impaired dynamic standing balance, and rapid fatigue. He currently requires a walker and caregiver assistance for all indoor ambulation and is unable to safely ambulate functional household distances independently. Despite these deficits, his postoperative progress is better than typical for this early stage, as he demonstrates full passive knee extension and 90 degrees of flexion in sitting. Education was provided to avoid excessive flexion at this stage to prevent joint overload and disruption of normal postoperative healing.&nbsp; The patient will continue to receive skilled nursing for postoperative monitoring, dressing management, pain <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, and reinforcement of infection-prevention education. Skilled physical therapy will progress mobility training, gait safety, stair negotiation strategies given the 14-step home layout, therapeutic exercises to restore strength and endurance, and right knee range-of-motion interventions within protocol limits to support recovery and optimize functional independence.</div><div><br></div><div><span style="white-space: pre; white-space: normal;"> </span></div><div>Date of Order</div><div>11/21/2025</div><div><div>Orders</div><div>Physician Face-to-Face Date: 10/31/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Knee Replacement</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><br></div><div><span style="white-space: pre; white-space: normal;"> </span></div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes: eval</div><div><br></div><div>Physician</div><div>Narcisse, Patrick</div></div> |  |                       |                                                                                                                                                                                                             |                      |                       |                 |
| SN Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | SN Goals                                                                                                                                                                                                    |                      |                       |                 |
| SN WK1: 1 (11/21/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       | PATIENT-STATED GOAL: 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: 1. Non-agency caregiver(s) currently 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. 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       | * position changes                                                                                                                                                                                          |                      |                       |                 |
| ; 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:Durable power of attorney for health care/Medical power of attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       | * skin care                                                                                                                                                                                                 |                      |                       |                 |
| PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       | * diet modification                                                                                                                                                                                         |                      |                       |                 |
| PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , 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 aquacel dressing leaving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       | * record wound measurements                                                                                                                                                                                 |                      |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       | * recalls related medication(s) purpose, schedule                                                                                                                                                           |                      |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       | patient/caregiver recalls                                                                                                                                                                                   |                      |                       |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       | * diet changes and regular exercise                                                                                                                                                                         |                      |                       |                 |
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| Signature of Physician:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       | Date                                                                                                                                                                                                        |                      |                       |                 |
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| Optional Name/Signature of Nurse/Therapist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       | Date                                                                                                                                                                                                        |                      |                       |                 |
| Electronically Signed by Messick, Charles RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | 11/21/2025                                                                                                                                                                                                  |                      |                       |                 |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | Order ID: 1150/14296 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4. Medical Record No. | 5. Provider No.      |
| 83314141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11/21/2025            | From: 11/21/2025 To: 01/19/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19151                 | 217058               |
| 6. Patient's Name and Address<br>William Heslin<br>1115 Bryn Mawr Rd,<br>BALTIMORE, MD 21210-<br>860-690-9475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                      |
| OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed., wound vacuum, coordinate/arrange preparation of missing meals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |
| 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, meal preparation is available to patient for all meals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |
| PT Careplans<br>PT WK1: 1 (11/21/25-11/22/25) ,WK2: 2 (11/23/25-11/29/25) ,WK3: 3 (11/30/25-12/06/25)<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, 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, 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, GG0130B1 - Oral Hygiene, #1 - Non-Observable Surgical Wound - Anterior Right Knee - R TKR wound covered with Aquacel dressing.<br><br>PROCEDURES: Dynamic Standing balance, B LE mm Strengthening, cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training<br><br>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, Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, 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) - 05. Setup or clean-up assistance, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent |                       | PT Goals<br>PATIENT-STATED GOAL: Transition to outpatient<br><br>GOALS<br>Chair to Bed to Chair - 06. Independent<br><br>Toilet Transfer - 06. Independent<br><br>1 - Step (curb) - 05. Setup or clean-up assistance<br><br>Upper Body Dressing - 05. Setup or clean-up assistance<br><br>patient/caregiver recalls<br>* how to achieve wound healing including cleaning and dressing wound<br>* position changes<br>* skin care<br>* diet modification<br>* record wound measurements<br>* recalls related medication(s) purpose, schedule<br><br>Oral Hygiene - 06. Independent<br><br>Lower Body Dressing - 06. Independent<br><br>Shower/Bathe Self - 06. Independent<br><br>Toileting Hygiene - 06. Independent<br><br>Don/Doff Footwear - 06. Independent<br><br>Sit to Stand - 06. Independent<br><br>Car Transfer - 06. Independent<br><br>Walk 10 Feet - 06. Independent<br><br>Walk 50 ft with 2 Turns - 06. Independent<br><br>Walk 150 Feet - 06. Independent<br><br>Walk 10 ft on Uneven Surface - 06. Independent<br><br>1 _ Step (curb) - 06. Independent<br><br>4 Steps - 06. Independent<br><br>12 Steps - 06. Independent<br><br>Picking Up Object - 06. Independent<br><br>patient/caregiver recalls<br>* lifestyle modifications to manage respiratory condition including<br>* diet changes and regular exercise<br>* strategies to control shortness of breath<br>* home remedies to keep lungs healthy<br>* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* 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<br>* teach relaxation skills and diversional activities<br>* recalls related medication(s) purpose, schedule<br><br>Eating - 06. Independent |                       |                      |
| Signature of Physician:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                      |
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| Optional Name/Signature of Nurse/Therapist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                      |
| Electronically Signed by Messick, Charles RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | 11/21/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                      |

| Home Health Certification and Plan of Care                                                                    |                       |                                 |                                                                                                                                                                               | Order ID: 1150/14296 |
|---------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Patient s HI claim No.                                                                                     | 2. Start Of Care Date | 3. Certification Period         | 4. Medical Record No.                                                                                                                                                         | 5. Provider No.      |
| 83314141                                                                                                      | 11/21/2025            | From: 11/21/2025 To: 01/19/2026 | 19151                                                                                                                                                                         | 217058               |
| 6. Patient's Name and Address<br>William Heslin<br>1115 Bryn Mawr Rd,<br>BALTIMORE, MD 21210-<br>860-690-9475 |                       |                                 | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |                      |

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|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 11/21/2025  |