

Home Health Certification and Plan of Care				Order ID: 1150/14741					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
911302603		12/09/2025		From: 12/09/2025 To: 02/06/2026		19713		217058	
6. Patient's Name and Address Marion Brumback 353 Edgewater Rd, Pasadena, MD 21122- 410-255-5753					7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239				
8. DOB 12/17/1946 9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	Lialda - Mesalamine 1.2 gram, Take 4 tablets by mouth once a day Norvasc - Amlodipine Besylate 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for hypertension Fosamax - Alendronate Sodium 70 mg, Take 1 tablet by mouth as necessary Take 1 tablet by mouth every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication Claritin - Loratadine 10 mg, Takes Tablet by mouth once a day Takes daily as needed during allergy season probiotics 2 billion cell-50 mg Oral Cap, Take 1 capsule by mouth once a day Take 1 capsule by mouth daily OTC Actonel With Calcium (Copackaged) - Calcium Carbonate: Risedronate Sodium 600 mg(1,500mg) -400 unit Oral Tab, 1 tab by mouth twice a day at bedtime - 1 tab po bid Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours As needed for pain Colace - Docusate Sodium 100 mg 2 tab by mouth once a day For constipation Extra Strength Tylenol - Acetaminophen 500mg by mouth twice a day As needed for pain				
Z47.1	Aftercare following joint replacement surgery			12/09/25					
13. ICD	Other Pertinent Diagnoses			Date					
Z96.652	Presence of left artificial knee joint			12/09/25					
I10.	Essential (primary) hypertension			12/09/25					
M81.0	Age-related osteoporosis w/o current pathological fracture			12/09/25					
M51.26	Other intervertebral disc displacement lumbar region			12/09/25					
J30.9	Allergic rhinitis unspecified			12/09/25					
H04.123	Dry eye syndrome of bilateral lacrimal glands			12/09/25					
K51.90	Ulcerative colitis unspecified without complications			12/09/25					
E83.110	Hereditary hemochromatosis			12/09/25					
K21.9	Gastro-esophageal reflux disease without esophagitis			12/09/25					
N39.41	Urge incontinence			12/09/25					
R73.03	Prediabetes			12/09/25					
14. DME and Supplies: rolling walker, bath bench, cane					15. Safety Measures: ambulates with device, , infectious material management, walker precautions, , knee precautions, , bathroom safety				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: no known allergies				
18.A. Functional Limitations Ambulation					18.B. Activities Permitted Up As Tolerated				
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No									
20. Prognosis: good									
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.					22.B.Discharge Plans patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/09/2025							25. Date HHA Received Signed POT		
24. Physician's Name and Address James Huang 8028 Ritchie Hwy Pasadena, MD 21122 PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709					26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. F2F date : 11/19/2025				
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face					28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws. PAGE 1 of 3				

Home Health Certification and Plan of Care				Order ID: 1150/14741
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
911302603	12/09/2025	From: 12/09/2025 To: 02/06/2026	19713	217058
6. Patient's Name and Address Marion Brumback 353 Edgewater Rd, Pasadena, MD 21122- 410-255-5753			7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	

Homebound status: After undergoing Left Knee Replacement Surgery, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: <div>The patient is a 78-year-old female with a past medical history significant for osteoarthritis of the left knee, status post left knee replacement surgery. Upon skilled nursing visit, the patient was found resting comfortably in a recliner, alert and oriented to person, place, and time (A&O 3), with her husband present and actively involved during the visit. The patient demonstrated stable postoperative status with no acute distress observed. Prior to surgery, the patient utilized a quad cane for ambulation, particularly when navigating tight or confined spaces. Following the surgical procedure, the patient has been issued a rolling walker to provide increased stability and support during ambulation. She was encouraged to consistently use the rolling walker for the next two weeks to promote safety and reduce fall risk, with gradual alternating trials of the quad cane as tolerated, provided gait remains stable. Education was reinforced regarding the importance of assistive device compliance during the postoperative recovery period to support healing and prevent complications. Continued skilled nursing follow-up is indicated to monitor postoperative recovery, mobility progression, safety with ambulation, and overall functional status.</div><div>
</div><div></div><div>Date of Order</div><div>12/09/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 11/19/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Knee Replacement Surgery</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div></div><div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes: eval</div><div>
</div><div>Physician</div><div>Huang , James</div></div>

SN Careplans

SN WK1: 1 (12/09/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25)

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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,. Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal bowel sounds, swelling of affected area, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, bruising/dyscoloration, #1 - Non-Observable Surgical Wound - Other - Left Knee - Non removeable aquacel dressing over surgical incision on left knee

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: 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, 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

SN Goals

PATIENT-STATED GOAL: To walk without pain

GOALS

patient/caregiver recalls

- * how to achieve wound healing including cleaning and dressing wound
- * position changes
- * skin care
- * diet modification
- * record wound measurements
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * diet
- * weight-bearing exercises to promote bone healing and strengthening
- * fluids to prevent constipation
- * home safety
- * pain control
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to promote optimized mobility with strength
- * balance
- * dexterity
- * range-of-motion therapeutic exercises
- * promotion of peripheral circulation
- * fluid and diet intake to promote healing
- * prevent constipation
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications to manage respiratory condition including
- * diet changes and regular exercise
- * strategies to control shortness of breath
- * home remedies to keep lungs healthy
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications
- * low-residue dietary guidelines
- * alternative medicine options for ulcerative colitis
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
- * teach relaxation skills and diversional activities
- * recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

patient/caregiver recalls

- * how to manage skin condition including physician-prescribed treatment
- * skin care
- * bathing
- * sun protection
- * diet
- * exercise
- * recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/09/2025

Home Health Certification and Plan of Care				Order ID: 1150/14741
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
911302603	12/09/2025	From: 12/09/2025 To: 02/06/2026	19713	217058
6. Patient's Name and Address Marion Brumback 353 Edgewater Rd, Pasadena, MD 21122- 410-255-5753		7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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	patient/caregiver recalls * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls * pain control * therapeutic exercises for muscle strengthening and flexibility * diet and fluids to optimize and prevent constipation * recalls related medication(s) purpose, schedule
--	---

PT Careplans PT WK1: 3 (12/09/25-12/13/25) ,WK2: 3 (12/14/25-12/20/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, progressive resistance strength training, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance	PT Goals PATIENT-STATED GOAL: wants to be able to return to driving , and able to leave the home to access community resources GOALS Shower/Bathe Self - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Car Transfer - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Eating - 06. Independent Sit to Stand - 04. Supervision or touching assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule Oral Hygiene - 06. Independent Chair to Bed to Chair - 04. Supervision or touching assistance Walk 10 Feet - 05. Setup or clean-up assistance
--	--

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/09/2025