

Home Health Certification and Plan of Care				Order ID: 1150/14746	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period	
29181561		12/09/2025		From: 12/09/2025 To: 02/06/2026	
				4. Medical Record No.	
				19710	
6. Patient's Name and Address		7. Provider's Name, Address and Telephone Number		5. Provider No.	
Scott Glowacki 4100 Chardel Rd Apt 1B, NOTTINGHAM, MD 21236- 410-960-6896		HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		217058	
8. DOB		05/29/1963		9. Sex Male	
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		12/09/25	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.651		Presence of right artificial knee joint		12/09/25	
M17.12		Unilateral primary osteoarthritis left knee		12/09/25	
I11.0		Hypertensive heart disease with heart failure		12/09/25	
I50.9		Heart failure unspecified		12/09/25	
I77.810		Thoracic aortic ectasia		12/09/25	
J30.9		Allergic rhinitis unspecified		12/09/25	
Q87.89		Oth congenital malformation syndromes NEC		12/09/25	
K42.9		Umbilical hernia without obstruction or gangrene		12/09/25	
H91.93		Unspecified hearing loss bilateral		12/09/25	
K80.50		Calculus of bile duct w/o cholangitis or cholecyst w/o obst		12/09/25	
F79.		Unspecified intellectual disabilities		12/09/25	
D69.6		Thrombocytopenia unspecified		12/09/25	
E66.01		Morbid (severe) obesity due to excess calories		12/09/25	
Z68.41		Body mass index [BMI] 40.0-44.9 adult		12/09/25	
Z86.0100		Personal history of colonic polyps		12/09/25	
Z86.711		Personal history of pulmonary embolism		12/09/25	
14. DME and Supplies:		small base cane, rolling walker, hand held shower, grab bars, wound care supplies, ,		15. Safety Measures:	
				walker precautions, restricted ROM, , medication safety, anticoagulant precautions, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, medical alert/lifeline, remove environmental barriers, transfer with assist, standard precautions, knee precautions, , activity supervision	
16. Nutrition:		Z. NO PHYSICIAN-ORDERED DIET		17. Allergies:	
				no known allergies	
18.A. Functional Limitations		Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation, Hearing		18.B. Activities Permitted	
				Up As Tolerated, Cane, Walker, Exercises Prescribed, Transfer bed/Chair	
19. Mental & Psychosocial Status:		COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No			
20. Prognosis:		good			
22. A Rehabilitation Potential:		22.B.Discharge Plans			
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.		patient will be responsible for managing treatment			
Homebound status:		After undergoing Right Total Knee Replacement surgery, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.			
Clinical Condition Requiring Homecare:		<p class="MsoNoSpacing">The patient was approved for two skilled nursing visits with a frequency of 1 week for 2 visits. He is post-operative day one following a right total knee replacement and resides in a first-floor condo with ramp access. The patient typically lives alone but currently has his mother staying with him for one month to assist with activities of daily living, medication management, and transportation to medical appointments. His medical history is significant for Barrister-Winter craniofacial syndrome with associated intellectual disabilities. All medications are available in the home. He ambulates with a four-wheeled rolling walker, and his pain is well controlled with Tylenol and oxycodone. The patient also has seasonal allergies managed with Claritin and fluticasone and uses an inhaler as needed.</p><p></p><p class="MsoNoSpacing">Nursing rewrapped the ACE bandage and obtained photos of the right knee. Mild swelling and redness were noted at the surgical site, and the patient is using an ice machine to manage post-operative edema and pain. His appetite is good, with one episode of post-operative vomiting and no further incidents. He is wearing TED stockings and taking aspirin for deep vein thrombosis prophylaxis. The patient has a history of blood clots, and his mother verbalized understanding of the importance of frequent ambulation. He is eager to begin physical therapy and was instructed to take pain medication approximately one hour prior to PT sessions to optimize participation. Staples are intact and covered with a gauze adherent dressing, with the first dressing change scheduled at the post-operative appointment on 12/22; daily dressing changes will begin thereafter. Nursing educated the patient's mother to obtain wound care supplies from the Kaiser clinic. The patient presented with moderate post-operative edema and pain and participated in therapeutic exercises including ankle pumps, heel slides, quadriceps isometrics, assisted straight leg raises, seated heel slides and long arc quadriceps, and standing marching and heel raises. He was educated on proper ice application for pain and edema control and trained in the safe use of the rolling walker.</p><p></p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p></p><p class="MsoNoSpacing">12/09/2025 Order</p></p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 12/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Knee Replacement surgery Homebound Status per Certifying Physician: patient requires another person			
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		Patrick Narcisse 2391 Greenspring Dr Timonium , MD 21093 PHONE: 410-847-3000 FAX: NPI: 1508397092		26. I certify/reconfirm 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 : 12/01/2025	
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	

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or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes:
 PT
Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>

SN Careplans

SN WK1: 2 (12/09/25-12/13/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, frequent urination, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, B0200 - Hearing Deficit, Pain Interference with ADLs, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: To right knee surgical site- 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., teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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,

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

- * how to manage inflammatory process
- * optimize mobility with active and passive range of motion exercises
- * fluid and diet intake to promote healing
- * prevent constipation
- * home safety
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications to manage cardiac condition including symptom management
- * diet changes
- * regular exercise
- * getting enough sleep
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to manage complications of immobility including
- * skin care
- * strength, balance
- * dexterity and range-of-motion therapeutic exercises
- * promotion of peripheral circulation
- * fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls

- * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to keep home safe for patient with dementia
- * coping strategies for the caregiver
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modification to manage blood condition including dietary changes
- * bleeding precautions
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
- * physical exercise plan
- * diet
- * 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

- * 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/caregiver recalls

- * management of mental health condition including joining a peer group
- * maintaining regular contact with mental health professional
- * avoiding known stressors
- * controlling impulses
- * 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

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schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
			patient is adequately supervised		
			caregiver administers and/or packages medications appropriately		
			caregiver performs medical/rehabilitation treatments with adequate competence		
PT Careplans			PT Goals		
PT WK1: 2 (12/09/25-12/13/25) ,WK2: 3 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25)			PATIENT-STATED GOAL: To walk straight with out device		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing			GOALS Chair to Bed to Chair - 06. Independent		
PROCEDURES: Medication Review: The patient was reviewed with the patient , Home exercises: Ankle pumps, heel slides, slr, long arc , marching and heel raises 10x2 reps , equipment training, gait training on uneven surfaces, gait training/stair training, transfers training			Toilet Transfer - 06. Independent		
TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, 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 - 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			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
			1 - Step (curb) - 05. Setup or clean-up assistance		
			Oral Hygiene - 06. Independent		
			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		
			Car Transfer - 06. Independent		
			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		
			Walk 10 Feet - 05. Setup or clean-up assistance		
			Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		
			patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule		
			Walk 150 Feet - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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