

Home Health Certification and Plan of Care				Order ID: 1150/15132	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
01253490		12/24/2025		From: 12/24/2025 To: 02/21/2026	
				4. Medical Record No.	
				20149	
6. Patient's Name and Address				5. Provider No.	
Donald Scribner 4405 Silverbrook Ln Apt G201, OWINGS MILLS, MD 21117- 443-527-7171				217058	
				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	
flexion and extension; both the patient and caregiver verbalized understanding. Skilled physical therapy services are medically necessary to address postoperative pain, strength deficits, limited range of motion, impaired gait, and functional mobility limitations, with the goal of improving safety, restoring independence, and facilitating return to prior level of function while reducing the risk of postoperative complications.					
14px; white-space: normal;"></div><div> </div><div>Date of Order</div><div>12/24/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 12/04/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Arthroplasty</div><div>Left Total Knee Arthroplasty</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes: eval</div><div>Physician</div><div>Huang , James</div>					
SN Careplans			SN Goals		
SN WK1: 1 (12/24/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26)			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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* how to achieve wound healing including cleaning and dressing wound		
STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. 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			* skin care		
Advance Directive:Durable power of attorney for health care/Medical power of attorney			* diet modification		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent edema, muscle weakness, limited strength, limited endurance, poor muscle tone, swelling of affected area, limited range of motion, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee -			* record wound measurements		
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: To left 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., monitor intake & output, teach/coordinate/arrange medication packaging and/or administration			* recalls related medication(s) purpose, schedule		
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 relaxatio			patient/caregiver recalls		
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			* teach relaxatio		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			caregiver administers and/or packages medications appropriately		
PT Careplans			PT Goals		
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			12/24/2025		

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PT WK1: 2 (12/24/25-12/27/25) ,WK2: 3 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) 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 - 02. Substantial/maximal assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0170F1 - Toilet Transfer - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance PROCEDURES: Medication Review- : - medications reviewed with patient/caregiver, physician-ordered wound care: To left 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., equipment training, strengthening exercises, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Medication Review		PATIENT-STATED GOAL: To be able to walk without pain GOALS Shower/Bathe Self - 04. Supervision or touching 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 relaxatio Chair to Bed to Chair - 02. Substantial/maximal assistance Sit to Stand - 02. Substantial/maximal assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Eating - 06. Independent Medication Review Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance 1 - Step (curb) - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/24/2025