

Home Health Certification and Plan of Care				Order ID: 1150/17009	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
57239290		03/11/2026		From: 03/11/2026 To: 05/09/2026	
				4. Medical Record No.	
				22744	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Nooshin Bashiri			HomeCentris Healthcare LLC		
440 Clydebank Dr,			10 Crossroads Drive, Suite 102		
ABINGDON, MD 21009-			Owings Mills, MD 21117-8284		
443-987-5991			410-321-8448		
			1487113239		
8. DOB			9. Sex		
05/11/1956			Female		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		03/11/26	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.652		Presence of left artificial knee joint		03/11/26	
G47.33		Obstructive sleep apnea (adult) (pediatric)		03/11/26	
G47.00		Insomnia unspecified		03/11/26	
I10.		Essential (primary) hypertension		03/11/26	
E03.9		Hypothyroidism unspecified		03/11/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		03/11/26	
E78.5		Hyperlipidemia unspecified		03/11/26	
H25.9		Unspecified age-related cataract		03/11/26	
H91.90		Unspecified hearing loss unspecified ear		03/11/26	
E66.9		Obesity unspecified		03/11/26	
Z68.33		Body mass index [BMI] 33.0-33.9 adult		03/11/26	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		03/11/26	
Z86.0100		Personal history of colonic polyps		03/11/26	
Z79.82		Long term (current) use of aspirin		03/11/26	
Z79.890		Hormone replacement therapy		03/11/26	
14. DME and Supplies:			15. Safety Measures:		
walker, cane			standard precautions, knee precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions		
16. Nutrition:			17. Allergies:		
low sodium			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
19. Mental & Psychosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
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.			family/caregiver will be responsible for managing treatment		
Homebound status: After undergoing Left Total Knee Replacement surgery, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.					
Clinical Condition Requiring Homecare:		<p class="MsoNoSpacing">The patient is a 69-year-old female with a past medical history significant for hypertension, hypothyroidism, hyperlipidemia, osteoarthritis, obstructive sleep apnea, gastroesophageal reflux disease, and insomnia, who was referred to home health services following an elective left total knee replacement. On assessment, the surgical site was covered with a Mepilex dressing, lungs were clear to auscultation, and bowel sounds were active; vital signs were obtained and medications were reviewed. The patient reported increased postoperative pain, limited range of motion in the left knee, and decreased strength, contributing to impaired balance, difficulty with ambulation, and deficits in transfers. She was noted to be without TED stockings but had an Ace bandage in place; she was assisted with donning compression socks to aid with swelling. Education was provided on pain management, use of ice, elevation, and constipation prevention, with the patient demonstrating understanding. The patient resides in a two-story home with her husband and son, with two steps to enter and 13 steps to the second floor; she is currently staying on the first floor and sleeping in a recliner. A lower extremity home exercise program, including quadriceps sets, ankle pumps, heel slides, and long arc quads, was initiated. The patient demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy to address strength, mobility, and functional deficits.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p>&nbsp;</o:p></p> <p class="MsoNoSpacing">03/11/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement surgery
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</o:p></o:p></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes:
 PT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>			
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/11/2026					
24. Physician's Name and Address			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.		
Patrick Narcisse			F2F date : 02/23/2026		
2391 Greenspring Dr					
Timonium , MD 21093					
PHONE: 410-847-3000 FAX: NPI: 1508397092					
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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SN WK1: 1 (03/11/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) 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, 9. Other risk(s) not listed in 1- 8 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: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, limited strength, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery: Remove Mepilex dressing after 7 days and LOTA; otherwise, cover with a dry gauze if drainage occurs., physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery: Remove Mepilex dressing after 7 days and LOTA; otherwise, cover with a dry gauze if drainage occurs., cough/deep breathing exercises, incentive spirometer 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule			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 * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule			
PT Careplans PT WK1: 2 (03/11/26-03/14/26) ,WK2: 3 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26)			PT Goals			
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170F1 - Toilet Transfer, 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			PATIENT-STATED GOAL: To be able to walk straight again on my own without any help GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Shower/Bathe Self - 05. Setup or clean-up assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by Messick, Charles RN			03/11/2026			

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PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: Quad sets, straight leg raises, laq, hip flexion, heelraises, ankle pumps, heel slides, equipment training, work simplification/energy conservation, gait training/stair training, transfers training			* strategies to control shortness of breath		
			* home remedies to keep lungs healthy		
			* recalls related medication(s) purpose, schedule		
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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			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		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			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		
			Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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