

Home Health Certification and Plan of Care				Order ID: 1150/18281	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
87198448		04/24/2026		From: 04/24/2026 To: 06/22/2026	
4. Medical Record No.		5. Provider No.			
24628		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
David Kerivan 1101 Saint Paul St Apt 2003, BALTIMORE, MD 21202- 410-905-2531			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/21/1952			Male		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		04/24/26	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.652		Presence of left artificial knee joint		04/24/26	
I10.		Essential (primary) hypertension		04/24/26	
M19.011		Primary osteoarthritis right shoulder		04/24/26	
M19.071		Primary osteoarthritis right ankle and foot		04/24/26	
K86.2		Cyst of pancreas		04/24/26	
I71.20		Thoracic aortic aneurysm without rupture unspecified		04/24/26	
E78.00		Pure hypercholesterolemia unspecified		04/24/26	
G25.0		Essential tremor		04/24/26	
Z79.82		Long term (current) use of aspirin		04/24/26	
Z86.0100		Personal history of colonic polyps		04/24/26	
14. DME and Supplies:			15. Safety Measures:		
hand held shower, walker			knee precautions, walker precautions, emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance, standard precautions, bleeding precautions, fall precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			opioids		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair		
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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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 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">Admission nursing and therapy assessments were completed for a male resident of an assisted living facility following recent hospitalization at Northwest Healthcare Center. The patient has a significant medical history including Type 2 Diabetes Mellitus (diet-controlled), Liver Cirrhosis, malnutrition, overactive bladder, neuromuscular bladder dysfunction requiring a suprapubic catheter, Hepatitis C, Gastroesophageal Reflux Disease, history of substance abuse, hypertensive heart disease, bilateral lower extremity amputations with prosthetics, and osteoarthritis of the left knee status post recent knee replacement. The patient is alert, oriented, in stable condition, and denies pain or complaints, with vital signs within normal limits. He ambulates up to 30 feet indoors using a rolling walker and prosthetics with supervision, and requires supervision for transfers and bed mobility; he has 24/7 support for activities of daily living, medication management, and safety. The suprapubic catheter is patent and functioning without signs of infection or complications, and no skin breakdown is noted. The patient resides alone in an elevator-accessible apartment and is considered homebound due to significant effort required to leave home, as evidenced by a Tinetti score of 14/28. He has a scheduled urology follow-up on 4/30 for catheter evaluation. Skilled nursing and home therapy services have been initiated to address ongoing assessment, catheter care, disease and medication education, infection and fall prevention, and to improve strength, range of motion, and functional independence; the patient tolerated therapeutic exercises well and verbalized understanding of all education provided. <o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">04/24/2026 Physician Face-to-Face Date: 04/15/2026 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: Huang, James</p>					
SN Careplans			SN Goals		
SN WK1: 1 (04/24/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26)			PATIENT-STATED GOAL: Patient stated he wants to heal from surgery without difficulty		
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			* lifestyle modifications to manage respiratory condition including		
			* diet changes and regular exercise		
			* strategies to control shortness of breath		
			* home remedies to keep lungs healthy		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/24/2026					
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.		
James Huang 8028 Ritchie Hwy Pasadena, MD 21122 PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709			F2F date : 04/15/2026		
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.		
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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, A1250 - Lack of Necessary Transportation, Home Safety, M2102f - Patient Supervision, meal preparation, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, limited range of motion, limited endurance, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange for adequate patient supervision, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient has adequate floor/roof/windows, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence			* 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 * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's transportation needs are met patient has adequate floor/roof/windows patient is adequately supervised meal preparation is available to patient for all meals caregiver performs medical/rehabilitation treatments with adequate competence			
PT Careplans			PT Goals			
PT WK1: 1 (04/24/26-04/25/26) ,WK2: 3 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26)			PATIENT-STATED GOAL: Independent ambulation with cane on all surfaces			
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, 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, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand			GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance			
PROCEDURES: Stretching left knee : Initially left knee 0-100 degrees, home exercise program: Supine quad sets, short arc quads, hip flexion, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training			1 - Step (curb) - 05. Setup or clean-up assistance			
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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft			Toilet 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			
			Lower Body Dressing - 06. Independent			
			Don/Doff Footwear - 06. Independent			
			Sit to Stand - 05. Setup or clean-up assistance			
			Chair to Bed to Chair - 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			04/24/2026			

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			1487113239		
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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			Walk 10 Feet - 05. Setup or clean-up assistance		
			Car Transfer - 05. Setup or clean-up assistance		
			Oral Hygiene - 06. Independent		
			Shower/Bathe Self - 02. Substantial/maximal assistance		
			Eating - 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		
			Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		
			Walk 150 Feet - 05. Setup or clean-up assistance		
			Toileting Hygiene - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
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