

Home Health Certification and Plan of Care				Order ID: 1150/18630							
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.			
5P65RG1QJ72		05/12/2026		From: 05/12/2026 To: 07/10/2026		25598		217058			
6. Patient's Name and Address Willie Taylor 4809 Frederick Avenue, Baltimore, MD 21229- 301-708-6850					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 09/14/1947 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Albuterol Sulfate - Albuterol Sulfate HFA 108(90 Base) MCG/ACT inhalation Aerosol Solution / INHALE 2 PUFFS by mouth EVERY 6 HOURS AS NEEDED Vitamin D - Ergocalciferol 1.25 MG (50000 UT) / 1 Capsule by mouth weekly ELIQUIS 5 mg / 1 Tablet by mouth TWICE DAILY OMEPRAZOLE Delayed Release 40 mg / 1 Capsule by mouth daily 1/2 to 1 hour before a meal HYDROCHLOROTHIAZIDE 25 mg / 1 Tablet by mouth daily in the morning ALLOPURINOL 300 mg / 1 Tablet by mouth DAILY TIZANIDINE HYDROCHLORIDE 2 mg / 1 Tablet by mouth THREE TIMES DAILY AS NEEDED Metformin Hcl - Metformin Hydrochloride 500 mg / 1 Tablet by mouth 2 times per day with meals IRBESARTAN 150 mg / 1 Tablet by mouth daily Amlodipine Besylate - Amlodipine Besylate 10 mg / 1 Tablet by mouth DAILY LOVASTATIN 40 mg / 1 Tablet by mouth daily with a meal start date: 7/17/2014 COLCHICINE 0.6 mg / 1 Tablet by mouth every day ASPIRIN 81 mg/tablet / 2 tablets oral once a day TOUJEO SOLOSTAR 300 UNIT/ML / 12 units subcutaneous q PM						
11. ICD M17.0			Principal Diagnosis Bilateral primary osteoarthritis of knee			Date 05/12/26					
13. ICD M51.26 I10. E11.22 N18.9 E78.2 Z79.4 Z79.84 Z79.01 Z79.82			Other Pertinent Diagnoses Other intervertebral disc displacement lumbar region Essential (primary) hypertension Type 2 diabetes mellitus w diabetic chronic kidney disease Chronic kidney disease u Mixed hyperlipidemia Long term (current) use of insulin Long term (current) use of oral hypoglycemic drugs Long term (current) use of anticoagulants Long term (current) use of aspirin			Date 05/12/26 05/12/26 05/12/26 05/12/26 05/12/26 05/12/26 05/12/26 05/12/26 05/12/26					
14. DME and Supplies: rolling walker, commode, cane					15. Safety Measures: standard precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance						
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: no known allergies						
18.A. Functional Limitations Endurance, Ambulation, Balance					18.B. Activities Permitted Walker, Cane, Exercises Prescribed, , Up As Tolerated						
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No											
20. Prognosis: good											
22. A Rehabilitation Potential: 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.					22.B.Discharge Plans patient will be responsible for managing treatment						
Homebound status: Due to diagnosis of Bilateral primary osteoarthritis of knee, 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 individual referred for home health therapy services following a recent physician visit due to osteoarthritis affecting both knees and progressive decline in functional mobility. Past medical history is significant for osteoarthritis, hypertension, diabetes mellitus, hyperlipidemia, history of cerebrovascular accident (CVA), and lumbar disc displacement status post back surgery. During the evaluation, the patient was noted to demonstrate significant forgetfulness and impaired short-term memory, which the daughter reported had not previously been recognized or fully appreciated. Education was provided to the daughter regarding the importance of supervising the patient's medication management to ensure compliance and reduce risk for medication errors or adverse events. The patient resides with spouse and daughter in a row house with one step required for entry. Bedroom and bathroom are located on the second floor of the home. Functional mobility assessment revealed the patient ambulates approximately 30 feet indoors without an assistive device under supervision due to impaired balance and safety concerns. The patient is able to negotiate 14 stairs using a handrail with supervision for safety. Transfers to and from chair, toilet, and bed are completed with supervision. Outside ambulation skills and car transfer abilities were not assessed during this evaluation. The patient is considered homebound due to the considerable and taxing effort required to leave the home safely and due to impaired balance and mobility deficits, as evidenced by a Tinetti Balance Assessment score of 17/28, indicating increased fall risk. The patient presents with decreased strength, impaired balance, reduced endurance, functional mobility limitations, and cognitive concerns impacting overall safety and independence within the home environment. Skilled home health therapy services are medically necessary to address strengthening, balance training, gait safety, stair negotiation, transfer training, endurance, and functional mobility in order to maximize independence, reduce fall risk, and improve overall safety with daily activities. Continued caregiver education and reinforcement of home safety and medication supervision are also indicated as part of the ongoing plan of care.</div><div> </div><div>Date of Order</div><div>05/12/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 04/15/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Bilateral primary osteoarthritis of knee</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 - PT Notes: soc</div><div>Physician</div><div>Bajaj, Bhavandeep</div></div>											
SN Careplans					SN Goals						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/12/2026							25. Date HHA Received Signed POT				
24. Physician's Name and Address Bhavandeep Bajaj 3455 Wilkens Ave Suite L-10 Baltimore, MD 21229 PHONE: 410-644-4444 FAX: 14106444484 NPI: 1003011214					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 : 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. PAGE 1 of 3						

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PT Careplans		PT Goals		
PT WK1: 1 (05/12/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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; 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 ; 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. Delete Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, 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, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, balance deficit, Pain Interference with ADLs, obesity PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, 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,		PATIENT-STATED GOAL: To walk with less pain and get my knee replaced GOALS Chair to Bed to Chair - 06. Independent 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 Shower/Bathe Self - 05. Setup or clean-up 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 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 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 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 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		05/12/2026		

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teach/coordinate/arrange medication packaging and/or administration 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, 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				

Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 05/12/2026