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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Order ID: 1150/18847             |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2. Start Of Care Date |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. Certification Period          |  |
| 76164033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 05/20/2026            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From: 05/20/2026 To: 07/18/2026  |  |
| 4. Medical Record No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 5. Provider No.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 18675                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 217058                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 6. Patient's Name and Address<br>Gwendolyn Williams<br>3708 Tall Grass Ct,<br>RANDALLSTOWN, MD 21133-<br>443-435-1437                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |  |
| 8. DOB 07/26/1957 9.Sex Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged<br>Tylenol (Caplet) - Acetaminophen 650 mg 650 mg capsule by mouth as necessary take my mouth for pain<br>Pepcid - Famotidine 40 mg 40 mg tablet by mouth once a day take 1 tablet by mouth daily<br>stomach<br>Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1 tabs by mouth every 4 hours as needed for pain<br>Lasix - Furosemide 20 mg 20 mg tablet by mouth once a day take 1 tablet in the morning as needed for edema<br>Colace - Docusate Sodium 100mg; 1 tab by mouth twice a day bowel regimen<br>Asa 81 Mg - Aspirin 81mg ; 1 tab by mouth twice a day post right tkr<br>Naprosyn - Naproxen 500 mg by mouth twice a day As needed for joint<br>Trazadone - Trazodone Hydrochloride 50mg by mouth at bedtime |                                  |  |
| 11. ICD Principal Diagnosis<br>Z47.1 Aftercare following joint replacement surgery<br>Date 05/20/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 13. ICD Other Pertinent Diagnoses<br>Z96.651 Presence of right artificial knee joint<br>M19.011 Primary osteoarthritis right shoulder<br>M19.012 Primary osteoarthritis left shoulder<br>I50.9 Heart failure unspecified<br>M85.80 Oth disrd of bone density and structure unspecified site<br>F10.10 Alcohol abuse uncomplicated<br>Z79.82 Long term (current) use of aspirin<br>Z87.891 Personal history of nicotine dependence<br>Date 05/20/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 14. DME and Supplies:<br>rolling walker, bath bench, commode, cane, walker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       | 15. Safety Measures:<br>standard precautions, bathroom safety, knee precautions, walker precautions, medication safety, fall precautions, ambulates with device                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 16. Nutrition:<br>Z. NO PHYSICIAN-ORDERED DIET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       | 17. Allergies:<br>no known allergies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |  |
| 18.A. Functional Limitations<br>Ambulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                       | 18.B. Activities Permitted<br>Walker, Up As Tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |  |
| 19. Mental & Pyschosocial 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 20. Prognosis: good                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| 22. A Rehabilitation Potential:<br>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<br>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 is a 68-year-old female admitted to home health services following a right total knee replacement (TKR) performed on 5/18/26 secondary to severe bilateral knee osteoarthritis. Her past medical history is significant for osteoarthritis of both shoulders, osteopenia, chronic joint pain, and prior left TKR in 11/2025. On assessment, the patient was alert and oriented x4 and reported right knee pain rated at 2-3/10 with concerns regarding edema around the surgical incision; she was educated and reassured that postoperative swelling is expected. The patient denied chest pain, shortness of breath, nausea, or vomiting but reported symptoms of heartburn and plans to take famotidine following the visit. She reported her last bowel movement occurred on Monday and stated she is passing flatus. Vital signs were obtained, medications reviewed, and the surgical dressing was assessed and photographed. Functionally, the patient demonstrates postoperative decline in mobility with decreased right knee range of motion, lower extremity weakness, impaired gait mechanics, reduced balance, decreased activity tolerance, and edema affecting transfers and ambulation. She currently requires a walker and increased effort for mobility tasks within the home and is considered at elevated fall risk due to postoperative weakness, pain, and impaired dynamic balance. Skilled home health physical therapy is medically necessary for gait and transfer training, therapeutic exercise, ROM progression, balance and stair training, pain and edema management, fall prevention education, and development of an individualized home exercise program to maximize safety and facilitate return to prior level of function. The patient demonstrates good rehabilitation potential and is motivated to participate in therapy.</p></p><p class="MsoNoSpacing">Date of Order</p></p><p class="MsoNoSpacing">05/20/2026<br> Physician Face-to-Face Date: 04/30/2026<br> Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval &amp; treat due to Right Total Knee Replacement surgery<br> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p></p><p class="MsoNoSpacing"><br> 1 - SOC - SN Notes: <br> PT Eval Notes: <span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachement: initial; background-origin: initial; background-clip: initial;"></span></p><p class="MsoNoSpacing">Physician: Huang, James</p> |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |  |
| SN Careplans<br>SN WK1: 1 (05/20/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26)<br><br>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<br><br>CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance<br><br>HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       | SN Goals<br>PATIENT-STATED GOAL: "I want the swelling to go down."<br><br>GOALS<br>patient/caregiver recalls<br>* how to achieve wound healing including cleaning and dressing wound<br>* position changes<br>* skin care<br>* diet modification<br>* record wound measurements<br>* recalls related medication(s) purpose, schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |  |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles RN on 05/20/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25. Date HHA Received Signed POT |  |
| 24. Physician's Name and Address<br>James Huang<br>8028 Ritchie Hwy<br>Pasadena, MD 21122<br>PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | 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.<br>F2F date : 04/30/2026                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |  |
| 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.<br><br>PAGE 1 of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |  |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Start Of Care Date |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. Certification Period         |  |
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| 6. Patient's Name and Address<br>Gwendolyn Williams<br>3708 Tall Grass Ct,<br>RANDALLSTOWN, MD 21133-<br>443-435-1437                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |  |
| <p>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.</p> <p>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.</p> <p>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</p> <p>Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.</p> <p>Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.</p> <p>Provide education content at patient's level of health literacy.</p> <p>Assess/Instruct Pt/Pcg: Safety measures to prevent injury.</p> <p>Assess: Musculoskeletal status.</p> <p>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</p> <p>Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.</p> <p>Pt/Pcg educated in pain management techniques including positioning and relaxation techniques</p> <p>Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,</p> <p>Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training</p> <p>Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.</p> <p>; 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</p> <p>Advance Directive:No Advance Directive</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, heartburn/indigestion, muscle weakness, limited range of motion, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, swell/redness surround. skin, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Right Knee -</p> <p>PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee -, cough/deep breathing exercises, incentive spirometer</p> <p>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</p> |  |                       | <p>patient/caregiver recalls</p> <p>* lifestyle modifications to manage respiratory condition including</p> <p>* diet changes and regular exercise</p> <p>* strategies to control shortness of breath</p> <p>* home remedies to keep lungs healthy</p> <p>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls</p> <p>* 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</p> <p>* teach relaxation skills and diversional activities</p> <p>* recalls related medication(s) purpose, schedule</p> <p>patient self-administers medications as prescribed</p> <p>* recalls related medication(s) purpose, schedule</p> |                                 |  |
| PT Careplans<br>PT WK1: 2 (05/20/26-05/23/26) ,WK2: 4 (05/24/26-05/30/26)<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: GG017001 - 12 Steps, 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, GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer<br><br>PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., B LE strengthening: 1, home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover., gait training/stair training, transfers training<br><br>TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       | PT Goals<br>PATIENT-STATED GOAL: To have successful post surgical outcome<br><br>GOALS<br>Chair to Bed to Chair - 06. Independent<br><br>Toilet Transfer - 06. Independent<br><br>Sit to Stand - 06. Independent<br><br>Car Transfer - 06. Independent<br><br>Walk 10 Feet - 06. Independent<br><br>Walk 50 ft with 2 Turns - 06. Independent<br><br>Walk 150 Feet - 06. Independent<br><br>Walk 10 ft on Uneven Surface - 06. Independent<br><br>1 - Step (curb) - 06. Independent<br><br>4 Steps - 06. Independent<br><br>12 Steps - 06. Independent<br><br>Picking Up Object - 06. Independent                                                                                                                                                                                                           |                                 |  |
| Signature of Physician:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Optional Name/Signature of Nurse/Therapist:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Electronically Signed by Messick, Charles RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Home Health Certification and Plan of Care                                                                                                                                       |                       |                                                                                                                                                                                                                                                                                           |                       | Order ID: 1150/18847 |
| 1. Patient s HI claim No.                                                                                                                                                        | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                                   | 4. Medical Record No. | 5. Provider No.      |
| 76164033                                                                                                                                                                         | 05/20/2026            | From: 05/20/2026 To: 07/18/2026                                                                                                                                                                                                                                                           | 18675                 | 217058               |
| 6. Patient's Name and Address<br>Gwendolyn Williams<br>3708 Tall Grass Ct,<br>RANDALLSTOWN, MD 21133-443-435-1437                                                                |                       | 7. Provider's Name, Address and Telephone Number<br>HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239                                                                                                             |                       |                      |
| Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent |                       | Oral Hygiene - 06. Independent<br><br>Toileting Hygiene - 06. Independent<br><br>Shower/Bathe Self - 06. Independent<br><br>Lower Body Dressing - 06. Independent<br><br>Don/Doff Footwear - 06. Independent<br><br>Eating - 06. Independent<br><br>Upper Body Dressing - 06. Independent |                       |                      |

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|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 05/20/2026  |