

Home Health Certification and Plan of Care				Order ID: 1150/19503	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
24261164		06/05/2026		From: 06/05/2026 To: 08/03/2026	
				4. Medical Record No.	
				26031	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Mebrate Meshesha			HomeCentris Healthcare LLC		
9224 Burley Ln,			10 Crossroads Drive, Suite 102		
LAUREL, MD 20723-			Owings Mills, MD 21117-8284		
240-274-6533			410-321-8448		
			1487113239		
8. DOB			9. Sex		
08/05/1962			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z47.1			HYZAAR 50-12.5 mg / 1 Tablet by mouth daily		
Principal Diagnosis			PROTONIX Delayed Release 40 mg / 1 Tablet by mouth 2 times a day 30 to 60 minutes before breakfast and dinner		
Aftercare following joint replacement surgery			MOBIC 7.5 mg / 1 Tablet by mouth daily		
Date			06/05/26		
13. ICD			Other Pertinent Diagnoses		
Z96.652			Date		
E11.9			06/05/26		
I10.			06/05/26		
E78.00			06/05/26		
J45.909			06/05/26		
H40.89			06/05/26		
K21.9			06/05/26		
M85.80			06/05/26		
M17.11			06/05/26		
H90.3			06/05/26		
E04.1			06/05/26		
Z86.73			06/05/26		
Z79.82			06/05/26		
Z79.1			06/05/26		
14. DME and Supplies:			15. Safety Measures:		
wound care supplies, walker, hand held shower, cane			walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , medication safety, knee precautions, hand rails, fall precautions, bathroom safety, anticoagulant precautions, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
low sodium, low cholesterol			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Walker, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			family/caregiver will be responsible for managing treatment		
Homebound status: After undergoing Left total knee replacement, 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: The patient is a 63-year-old female, postoperative day 1 status post left total knee replacement, with a past medical history significant for hypertension, hyperlipidemia, gastroesophageal reflux disease, osteopenia, asthma, bilateral knee osteoarthritis, diet-controlled type 2 diabetes mellitus, and prior referral for skilled home health physical therapy in the context of progressive functional decline related to chronic knee pain. The patient primarily speaks Ethiopian, and her daughter-in-law served as translator during the visit, facilitating communication and education. The surgical incision is currently covered with a post-operative bandage, with expected localized swelling and ecchymosis noted; no signs or symptoms of infection were observed at this time. The patient reports left lower extremity pain, which is being managed with prescribed analgesics in combination with ice application and rest. Vital signs are stable. The patient is currently residing on the first floor of the home to minimize stair negotiation and is ambulatory with a walker. Functionally, the patient demonstrates impaired mobility consistent with immediate post-operative status, including decreased lower extremity strength, antalgic gait pattern, reduced activity tolerance, and difficulty with bed mobility, sit-to-stand transfers, and household ambulation. These limitations contribute to increased fall risk and require ongoing assistance for safe mobility. The patient is currently homebound due to significant pain, impaired mobility, and dependence on assistance for community access and transportation. Prior to surgery, the patient experienced progressive functional limitations secondary to bilateral knee osteoarthritis; however, at present she requires increased assistance for activities of daily living and mobility tasks. The patient resides with her son, daughter-in-law, and one-year-old grandchild in a supportive home environment, with the daughter-in-law serving as the primary caregiver and medication manager. She confirms understanding of the patient's medication regimen and is responsible for administration and oversight. Patient and caregiver education was provided regarding post-operative care and adherence to surgeon's orders, including pain management strategies, safe use of assistive device, infection prevention, and importance of monitoring for post-surgical complications. The daughter-in-law confirmed awareness of upcoming medical follow-up appointments, including an in-person surgical review, and verbalized understanding of post-operative instructions. Education was also reinforced regarding safe mobility, fall prevention, and activity pacing. The patient is appropriate for skilled home health physical therapy services to address impairments in strength, gait, balance, and transfer ability, as well as to facilitate functional recovery, reduce fall risk, and optimize post-operative rehabilitation outcomes. Continued skilled intervention is indicated to support restoration of mobility, improve independence with functional tasks, and promote safe return toward prior level of function. Date of Order 06/05/2026 Orders Physician Face-to-Face Date: 05/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control, PT-eval & treat due to Left total knee replacement Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 1 - SOC - SN Notes: soc PT Eval Notes: eval Physician Narcisse, Patrick					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 06/05/2026					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Patrick Narcisse			F2F date : 05/22/2026		
2391 Greenspring Dr					
Timonium , MD 21093					
PHONE: 410-847-3000 FAX: NPI: 1508397092					
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
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SN Careplans

SN WK1: 1 (06/05/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 10

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/PCg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/PCg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, D0700 - Social Isolation, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, M1033 - Exhaustion, swelling in legs/around eyes, abnormal blood pressure, constipation, swelling of affected area, poor muscle tone, muscle weakness, limited endurance, limited strength, limited range of motion, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, difficulty sleeping, red/tender pressure points, swell/redness surround. skin, bruising/discoloration, discolored patches of skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To get better

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

PT Careplans

PT Goals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026

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PT WK1: 1 (06/05/26-06/06/26) ,WK2: 3 (06/07/26-06/13/26) ,WK3: 2 (06/14/26-06/20/26)			PATIENT-STATED GOAL: to have a successful post surgical outcome		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 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			GOALS		
PROCEDURES: B LE mm 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			Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			Toilet Transfer - 06. Independent		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			Walk 50 ft with 2 Turns - 06. Independent		
			Walk 150 Feet - 06. Independent		
			4 Steps - 06. Independent		
			12 Steps - 06. Independent		
			Picking Up Object - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 06. Independent		
			Don/Doff Footwear - 06. Independent		
			Walk 10 Feet - 06. Independent		
			Walk 10 ft on Uneven Surface - 06. Independent		
			1 - Step (curb) - 06. Independent		
			Oral Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026