

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                              |                                                              |                       |                                 | Order ID: 1150/20075                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                               |                                                              | 2. Start Of Care Date | 3. Certification Period         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4. Medical Record No. | 5. Provider No.                  |
| 21104331                                                                                                                                                                                                                                                                                                                                                                                                |                                                              | 06/24/2026            | From: 06/24/2026 To: 08/22/2026 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 26486                 | 217058                           |
| 6. Patient's Name and Address<br>Larry Jenkins<br>7316 Taylors Hill Ln,<br>HANOVER, MD 21076-<br>443-540-5610                                                                                                                                                                                                                                                                                           |                                                              |                       |                                 | 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            04/27/1954    9.Sex            Male                                                                                                                                                                                                                                                                                                                                                   |                                                              |                       |                                 | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                  |
| 11. ICD                                                                                                                                                                                                                                                                                                                                                                                                 | Principal Diagnosis                                          |                       | Date                            | Proventil - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 2 puffs by mouth every 4 hours as needed (Rescue inhaler)<br>LASIX 40 MG / 1 Tablet by mouth in the morning for fluid retention<br>LIPITOR 80 MG / 1 Tablet by mouth daily for cholesterol and heart protection<br>Toprol-Xl - Metoprolol Succinate SR 50 MG / 1 Tablet by mouth daily<br>Spiriva Respimat - Tiotropium Bromide 2.5 mcg/actuation Inhl Mist / Inhale 2 Puffs by mouth daily<br>Glucophage Xr - Metformin Hydrochloride SR 500 MG / 1 Tablet by mouth 2 times a day for diabetes<br>SINGULAIR 10 MG / 1 Tablet by mouth in the evening<br>ATIVAN 0.5 MG / 1 Tablet by mouth one time 1 hour before procedure<br>DRISDOL 1,250 mcg (50,000 unit) / 1 Capsule by mouth every 7 days<br>ACETAMINOPHEN 500 mg/tablet / Take 2 tablets by mouth 3 times a day as needed for pain<br>APRESOLINE 25 MG / 1 Tablet by mouth every 8 hours if blood pressure over 150 Patient not taking; Reported on 4/20/2026<br>WIXELA INHUB 250-50 mcg/dose Inhl Disk w/devi Inhale 1 Puff by mouth 2 times a day controller inhaler<br>REVATIO 20 mg/tablet / Take 4 to 5 tablets by mouth as needed 1 hour prior to sexual activity Do not exceed 5 tablets in 24 hours (Patient not taking; Reported on 4/20/2026)<br>PEPCID 40 MG / 1 Tablet by mouth daily at bedtime Patient not taking; Reported on 4/20/2026<br>ASPIRIN DR 81 MG / 1 Tablet by mouth DAILY<br>Klor-Con M20 - Potassium Chloride SR 20 MEQ / 1 Tablet by mouth daily with a meal Swallow tablet whole or dissolve in water<br>ASTELIN 137 mcg (0.1 %) Nasl Spray / Use 2 Sprays in each nostril 2 times a day<br>Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 2 Sprays in each nostril daily<br>VOLTAREN Arthritis Pain 1 % Top Gel / Apply 2 g to affected area(s) topical 4 times a day<br>Ciclopirox (CICLODAN) 8 % Top Soln / Apply to affected area(s) topical once a day<br>Lidocaine (LMX 4) 4 % Top Cream / Apply to affected area(s) topical four times a day as needed (pain)<br>DUONEB 0.5 mg-3 mg(2.5 mg base)/3 mL Inhl Neb Soln / Use 3 mL via nebulizer every 6 hours as needed for wheezing |                       |                                  |
| Z47.1                                                                                                                                                                                                                                                                                                                                                                                                   | Aftercare following joint replacement surgery                |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| 13. ICD                                                                                                                                                                                                                                                                                                                                                                                                 | Other Pertinent Diagnoses                                    |                       | Date                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| Z96.652                                                                                                                                                                                                                                                                                                                                                                                                 | Presence of left artificial knee joint                       |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| M17.11                                                                                                                                                                                                                                                                                                                                                                                                  | Unilateral primary osteoarthritis right knee                 |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| I13.0                                                                                                                                                                                                                                                                                                                                                                                                   | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unspr chr kdny |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| I50.20                                                                                                                                                                                                                                                                                                                                                                                                  | Unspecified systolic (congestive) heart failure              |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| E11.22                                                                                                                                                                                                                                                                                                                                                                                                  | Type 2 diabetes mellitus w diabetic chronic kidney disease   |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| N18.31                                                                                                                                                                                                                                                                                                                                                                                                  | Chronic kidney disease stage 3a                              |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| D63.1                                                                                                                                                                                                                                                                                                                                                                                                   | Anemia in chronic kidney disease                             |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| J43.9                                                                                                                                                                                                                                                                                                                                                                                                   | Emphysema unspecified                                        |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| I70.0                                                                                                                                                                                                                                                                                                                                                                                                   | Atherosclerosis of aorta                                     |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| I25.10                                                                                                                                                                                                                                                                                                                                                                                                  | Athscr heart disease of native coronary artery w/o ang pctrs |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| M10.9                                                                                                                                                                                                                                                                                                                                                                                                   | Gout unspecified                                             |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| I42.9                                                                                                                                                                                                                                                                                                                                                                                                   | Cardiomyopathy unspecified                                   |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| E11.39                                                                                                                                                                                                                                                                                                                                                                                                  | Type 2 diabetes w oth diabetic ophthalmic complication       |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| G47.33                                                                                                                                                                                                                                                                                                                                                                                                  | Obstructive sleep apnea (adult) (pediatric)                  |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| I25.2                                                                                                                                                                                                                                                                                                                                                                                                   | Old myocardial infarction                                    |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| N52.8                                                                                                                                                                                                                                                                                                                                                                                                   | Other male erectile dysfunction                              |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| E78.00                                                                                                                                                                                                                                                                                                                                                                                                  | Pure hypercholesterolemia unspecified                        |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| K21.9                                                                                                                                                                                                                                                                                                                                                                                                   | Gastro-esophageal reflux disease without esophagitis         |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| R51.9                                                                                                                                                                                                                                                                                                                                                                                                   | Headache unspecified                                         |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| R91.1                                                                                                                                                                                                                                                                                                                                                                                                   | Solitary pulmonary nodule                                    |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| E66.9                                                                                                                                                                                                                                                                                                                                                                                                   | Obesity unspecified                                          |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| Z68.34                                                                                                                                                                                                                                                                                                                                                                                                  | Body mass index [BMI] 34.0-34.9 adult                        |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| Z79.51                                                                                                                                                                                                                                                                                                                                                                                                  | Long term (current) use of inhaled steroids                  |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| Z79.84                                                                                                                                                                                                                                                                                                                                                                                                  | Long term (current) use of oral hypoglycemic drugs           |                       | 06/24/26                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| 14. DME and Supplies:<br>wound care supplies, walker, small base cane, diabetic supplies, cane, bath bench                                                                                                                                                                                                                                                                                              |                                                              |                       |                                 | 15. Safety Measures:<br>walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , sharps precautions, medication safety, infectious material management, fall precautions, diabetic precautions, bathroom safety, aspiration precautions, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                  |
| 16. Nutrition:<br>Z. NO PHYSICIAN-ORDERED DIET                                                                                                                                                                                                                                                                                                                                                          |                                                              |                       |                                 | 17. Allergies:<br>clindamycin doxycycline lisinopril pcn shellfish sulfa antibiotics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                  |
| 18.A. Functional Limitations<br>Endurance, Ambulation                                                                                                                                                                                                                                                                                                                                                   |                                                              |                       |                                 | 18.B. Activities Permitted<br>Walker, Up As Tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                  |
| 19. Mental & Psychosocial Status:<br>COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes |                                                              |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| 20. Prognosis: fair                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                  |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles RN on 06/24/2026                                                                                                                                                                                                                                                                                    |                                                              |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | 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 : 06/10/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                  |
| 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 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                  |

Homebound status: After undergoing Left Total Knee Replacement surgery, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

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| <p><b>SN Careplans</b></p> <p>SN WK1: 1 (06/24/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26)</p> <p>PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature &lt; 95 &gt; 100.5, heart rate &lt; 50 &gt; 110, respiratory rate &lt; 8 &gt; 22, blood pressure systolic &lt; 90 &gt; 169, blood pressure diastolic &lt; 60 &gt; 90, O2 saturation &lt; 88 &gt; 100, pain &lt; 0 &gt; 10</p> <p>CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance</p> <p>HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion</p> <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</p> | <p><b>SN Goals</b></p> <p>PATIENT-STATED GOAL: To get back to my normal self</p> <p>GOALS</p> <p>patient/caregiver recalls</p> <ul style="list-style-type: none"> <li>* lifestyle modifications to manage respiratory condition including</li> <li>* diet changes and regular exercise</li> <li>* strategies to control shortness of breath</li> <li>* home remedies to keep lungs healthy</li> <li>* recalls related medication(s) purpose, schedule</li> </ul> <p>patient/caregiver recalls</p> <ul style="list-style-type: none"> <li>* depression-prevention strategies including avoidance of isolation</li> <li>* healthy eating</li> <li>* sleeping habits</li> <li>* identification of activities that bring pleasure</li> <li>* preventive care</li> <li>* recalls related medication(s) purpose, schedule</li> </ul> <p>patient living environment has safe floor coverings</p> <p>caregiver performs medical/rehabilitation treatments with adequate competence</p> |
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|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 06/24/2026  |

| Home Health Certification and Plan of Care                                                                    |                       |                                                                                                                                                                               |                       | Order ID: 1150/20075 |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| 1. Patient s HI claim No.                                                                                     | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                       | 4. Medical Record No. | 5. Provider No.      |
| 21104331                                                                                                      | 06/24/2026            | From: 06/24/2026 To: 08/22/2026                                                                                                                                               | 26486                 | 217058               |
| 6. Patient's Name and Address<br>Larry Jenkins<br>7316 Taylors Hill Ln,<br>HANOVER, MD 21076-<br>443-540-5610 |                       | 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 |                       |                      |

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| <p>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<br/>Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.<br/>Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.<br/>Provide education content at patient's level of health literacy.<br/>Assess/Instruct Pt/PCg: Safety measures to prevent injury.<br/>Assess: Musculoskeletal status.<br/>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<br/>Assess/Instruct Pt/PCg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.<br/>Pt/PCg educated in pain management techniques including positioning and relaxation techniques<br/>Instruct Pt/PCg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education..<br/>Assess/Instruct Pt/PCg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training<br/>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<br/>Advance Directive:No</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, Home Safety, M2020 - Oral Med Management, swelling in legs/around eyes, M1400 - Dyspnea, M1033 - Exhaustion, swelling in the arms/legs, lightheadedness, coughing, abn cholesterol &gt; 200 mg/dL, abnormal blood pressure, abnormal BS &lt; 70/140 &gt; mg/dL, heartburn/indigestion, nausea/vomiting, muscle spasms, poor muscle tone, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, balance deficit, difficulty sleeping, daytime fatigue, Pain Interference with ADLs, headache, obesity, red/tender pressure points, swell/redness surround. skin, open sores/lesions, discolored patches of skin, bruising/discoloration</p> <p>PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, glucose testing via monitor, monitor intake &amp; output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange repair of unsafe floor coverings</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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient living environment has safe floor coverings, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence</p> | <p>patient/caregiver recalls<br/>* 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<br/>* teach relaxation skills and diversional activities<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* strategies to minimize fatigue and exhaustion including work simplification<br/>* energy conservation<br/>* lifestyle changes<br/>* diet<br/>* recalls related medication(s) purpose, schedule</p> <p>patient self-administers medications as prescribed<br/>* recalls related medication(s) purpose, schedule</p> <p>patient is adequately supervised</p> <p>caregiver administers and/or packages medications appropriately</p> |
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| <p>PT Careplans</p> <p>PT WK1: 2 (06/24/26-06/27/26) ,WK2: 2 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26)</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand</p> <p>PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging, Seated-LAQ, hip flex, seated heel slides, operated knee flex with opposite LE assist Standing-Mini squat, heel/toe raise, hip flex, leg curls, operated leg up down on 1st step, 1st step lunge with quad set on extension., therapeutic modalities: Apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control: Instruct Pt/PCG insigns and symptoms of infection of incision/wound, including fever, chills, redness, swelling, pain, bleeding, or any discharge from the surgical or wound site. When to notify EMS-Nausea or vomiting that does not get better, or pain that does not get better with medication, assist with fall prevention: Falls prevention -use recommended AD at all times and/or direct assistance by CG as needed -make sure clothing does not drag on floor to create trip hazard -proper footwear, no scuffs - Strength program has been initiated for LEs, continue 1-2x/day -carry phone at all times in case of emergency -Consider medic alert button -Fall recover technique discussed -Keep stairs free of obstacles -Maintain functional pathways throughout the</p> | <p>PT Goals</p> <p>PATIENT-STATED GOAL: I just want to be able to get back to driving again</p> <p>GOALS<br/>Chair to Bed to Chair - 06. Independent</p> <p>Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance</p> <p>Toilet Transfer - 06. Independent</p> <p>1 - Step (curb) - 05. Setup or clean-up assistance</p> <p>Shower/Bathe Self - 05. Setup or clean-up assistance</p> <p>patient/caregiver recalls<br/>* lifestyle modifications to manage respiratory condition including<br/>* diet changes and regular exercise<br/>* strategies to control shortness of breath<br/>* home remedies to keep lungs healthy<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* 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<br/>* teach relaxation skills and diversional activities<br/>* recalls related medication(s) purpose, schedule</p> |
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| Signature of Physician:                      | Date        |
|                                              | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 06/24/2026  |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Order ID: 1150/20075 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. Start Of Care Date | 3. Certification Period         | 4. Medical Record No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. Provider No.      |
| 21104331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 06/24/2026            | From: 06/24/2026 To: 08/22/2026 | 26486                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 217058               |
| 6. Patient's Name and Address<br>Larry Jenkins<br>7316 Taylors Hill Ln,<br>HANOVER, MD 21076-<br>443-540-5610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                 | 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>home and at all exits -use night lights -Advised against holding onto towel bars or soap dishes, consider grab bars, check grab bars before use -remove scatter rugs, if one must remain use double sided rug tape -Add non skid mat in the shower -keep the floor dry in the bathroom, if using a shower seat dry self completely before stepping out.</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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent</p> |                       |                                 | <p>Sit to Stand - 06. Independent</p> <p>Car Transfer - 06. Independent</p> <p>Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance</p> <p>Walk 150 Feet - 05. Setup or clean-up assistance</p> <p>4 Steps - 05. Setup or clean-up assistance</p> <p>12 Steps - 05. Setup or clean-up assistance</p> <p>Picking Up Object - 05. Setup or clean-up assistance</p> <p>Toileting Hygiene - 06. Independent</p> <p>Lower Body Dressing - 06. Independent</p> <p>Don/Doff Footwear - 06. Independent</p> <p>Upper Body Dressing - 06. Independent</p> <p>Walk 10 Feet - 05. Setup or clean-up assistance</p> <p>Oral Hygiene - 06. Independent</p> <p>Eating - 06. Independent</p> |                      |

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|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 06/24/2026  |