Home Health Certification and Plan of Care

Order ID: 1150/11786

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36110654	08/06/2025	From: 08/06/2025 To: 10/04/2025	12996	217058

6. Patient's Name and Address

George Terry Jr
8120 Salt Lake Dr,
WINDSOR MILL, MD 21244-
443-690-3021

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 05/27/1961 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/06/25

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	08/06/25
E11.9	Type 2 diabetes mellitus without complications	08/06/25
I10.	Essential (primary) hypertension	08/06/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/06/25
E53.8	Deficiency of other specified B group vitamins	08/06/25
D50.9	Iron deficiency anemia unspecified	08/06/25
Z96.653	Presence of artificial knee joint bilateral	08/06/25
Z86.0100	Personal history of colonic polyps	08/06/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/06/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Lipitor - Atorvastatin Calcium eq 20 mg base 20 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
CHOLESTEROL
Norvasc - Amlodipine Besylate eq 10 mg base 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
HTN
Cozaar - Losartan Potassium 50 mg 50 mg (tablet),Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
HTN
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 150MG; 1 TBA by mouth twice a day ANTICOAGULANT
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5MG; 1-2 TABS by mouth every 4 hours AS NEEDED FOR PAIN
Colace - Docusate Sodium 100MG ; 1 TAB by mouth twice a day STOOL SOFTNER
Cephalexin - Cephalexin eq 500 mg base 500MG; 1 TAB by mouth twice a day FOR 14 DAYS
Aspirin - Aspirin 81 mg by mouth once a day

14. DME and Supplies:

walker, wound care supplies, cane

15. Safety Measures:

infectious material management, standard precautions, knee precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, transfer with assist, anticoagulant precautions

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

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

Clinical Condition Requiring Homecare:

The patient is a 64-year-old male who underwent left total knee replacement on 08/04/2025; his past medical history includes left medial leg venous stasis ulcer, atrial fibrillation, obstructive sleep apnea, prior colonic adenomatous polyps, iron-deficiency anemia, vitamin B12 deficiency, type 2 diabetes mellitus, peripheral edema, prior stroke, and hypertension. Skilled nursing and physical therapy evaluations were completed and treatment initiated. He was alert and oriented 3 and reported incisional pain rated 7/10 after taking oxycodone prior to the visit; he denied shortness of breath, lungs were clear, appetite was good, and he reported no bowel movement prior to surgery (bowel-regimen education provided). The left knee dressing was intact without drainage, but swelling and pain are limiting motion. Physical therapy measured left knee active range of motion approximately 18-73 (flexion-extension) with overpressure; he demonstrates reduced strength, endurance, standing balance, and functional mobility, and completed a Timed Up and Go in 2 minutes 30 seconds, consistent with high fall risk. The patient requires increased time and use of support surfaces and a rolling walker for transfers and short-distance ambulation (ambulates with supervision), needs minimal assistance for stair negotiation, and requires setup assistance for upper-body dressing and minimal assistance for lower-body dressing. A home exercise program was reviewed with the patient and his spouse, who verbalized understanding; ongoing skilled physical therapy to address strength, range of motion, balance, and functional mobility, plus continued skilled nursing for pain, wound, and bowel management, is recommended to support a safe return toward his prior level of function. <o:p></o:p> <o:p> </o:p> Date of Order <o:p></o:p> 08/06/2025 <o:p></o:p> Orders <o:p></o:p> Physician Face-to-Face Date: 07/22/2025 <o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement Surgery <o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <o:p></o:p> <o:p> </o:p> 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes: <o:p></o:p> Physician: Huang, James

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Huang
8028 Ritchie Hwy
Pasadena, MD 21122
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.

F2F date : 07/22/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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George Terry Jr 8120 Salt Lake Dr, WINDSOR MILL, MD 21244- 443-690-3021	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN WK1: 1 (08/06/25-08/09/25) ,WK2: 1 (08/10/25-08/16/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds ; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess the pt's incision and on post op day 12-14 the nurse or physical therapist will remove the patient's staples and leave OTA., Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

LEFT KNEE
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, dependent edema, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - DRESSING INTACT NO DRAINAGE NOTED

PROCEDURES: Discharge from Skilled Nursing- Do DISCHARGE SUMMARY- SN communication note, Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: To left knee surgical site- 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

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I WANT SWELLING TO IMPROVE

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

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

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

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

meal preparation is available to patient for all meals

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/06/2025

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PT WK1: 2 (08/06/25-08/09/25) ,WK2: 3 (08/10/25-08/16/25) ,WK3: 1 (08/17/25-08/23/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PATIENT-STATED GOAL: To improve walking

GOALS

Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Oral Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/06/2025