

Home Health Certification and Plan of Care				Order ID: 1150/11930	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
59145795		08/18/2025		From: 08/18/2025 To: 10/16/2025	
4. Medical Record No.		5. Provider No.			
12165		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Anne Prosser 337 Poplar Road, ESSEX, MD 21221- 4106863299			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
09/22/1943			Female		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		08/18/25	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.652		Presence of left artificial knee joint		08/18/25	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdney		08/18/25	
N18.31		Chronic kidney disease stage 3a		08/18/25	
M06.9		Rheumatoid arthritis unspecified		08/18/25	
I48.19		Other persistent atrial fibrillation		08/18/25	
M85.80		Oth disrd of bone density and structure unspecified site		08/18/25	
G47.33		Obstructive sleep apnea (adult) (pediatric)		08/18/25	
J45.909		Unspecified asthma uncomplicated		08/18/25	
H04.123		Dry eye syndrome of bilateral lacrimal glands		08/18/25	
E55.9		Vitamin D deficiency unspecified		08/18/25	
M11.9		Crystal arthropathy unspecified		08/18/25	
E78.5		Hyperlipidemia unspecified		08/18/25	
E03.9		Hypothyroidism unspecified		08/18/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		08/18/25	
R73.03		Prediabetes		08/18/25	
Z79.01		Long term (current) use of anticoagulants		08/18/25	
Z98.84		Bariatric surgery status		08/18/25	
Z86.0100		Personal history of colonic polyps		08/18/25	
Z85.038		Personal history of malignant neoplasm of large intestine		08/18/25	
Z87.891		Personal history of nicotine dependence		08/18/25	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, bath bench, walker, commode, wound care supplies, cane			bleeding precautions, infectious material management, standard precautions, fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			adhesive tape codeine dilaudid		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Cane, Walker, Exercises Prescribed		
19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			patient will be responsible for managing treatment another facility/provider will be responsible for managing treatment		
Homebound status: After undergoing Left Total Knee Replacement, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.					
Clinical Condition Requiring Homecare: <div>The patient is status post left total knee replacement revision with epidural and has a past medical history of CKD stage 3A, rheumatoid arthritis, adenomatous colonic polyps, OSA on CPAP, hypertension, atrial fibrillation, hyperlipidemia, vitamin D deficiency, and GERD. Skilled nursing and physical therapy evaluations and treatments were initiated. The patient is alert and oriented 3, though occasionally forgetful, and reports pain at 4/10. She denies shortness of breath, and lung sounds are clear throughout. Appetite is fair, with last bowel movement today. Examination revealed +1 edema of the left knee with an intact Aquacel dressing and no noted drainage. The patient ambulates safely with a rollator. Her sister provides assistance with ADLs and IADLs as needed. Medication reconciliation was completed, and education on postoperative pain management was provided. Orders for the left knee dressing remain pending, and clarification has been requested via the Kaiser portal, awaiting response. During the physical therapy session, the patient performed supine hamstring stretches, ankle rolls, heel slides, and straight leg raises; seated knee mobilization and long arc quadriceps; and standing marching, side kicks, and heel raises. She was also trained in heel-to-toe gait pattern using a rolling walker.</div><div> </div><div></div><div>Date of Order</div><div>08/18/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 07/25/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div></div><div></div><div>1 - SOC - SN Notes:</div><div>PT Eval Notes:</div><div>Physician</div><div></div>Suh, Elizabeth</div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles SN RN on 08/18/2025					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Elizabeth Suh 6677 Richmond Hwy Alexandria, VA 22306 PHONE: 7035355568 FAX: NPI: 1497188155			F2F date : 07/25/2025		
27. Attending Physician's Signature and Date Signed 09/09/2025: Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
			PAGE 1 of 3		

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ESSEX, MD 21221-			Owings Mills, MD 21117-8284		
4106863299			410-321-8448		
			1487113239		
SN WK1: 1 (08/18/25-08/23/25) ,WK2: 1 (08/24/25-08/30/25)			PATIENT-STATED GOAL: TO HEAL WITH NO PROBLEMS		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8			* how to achieve wound healing including cleaning and dressing wound		
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.			* position changes		
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.			* skin care		
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			* diet modification		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* record wound measurements		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			* recalls related medication(s) purpose, schedule		
Provide education content at patient's level of health literacy.			patient/caregiver recalls		
Assess/Instruct Pt/PCg: Safety measures to prevent injury.			* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet		
Assess: Musculoskeletal status.			* exercise		
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			* monitoring of blood pressure		
Assess/Instruct Pt/PCg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* blood sugar		
Pt/PCg educated in pain management techniques including positioning and relaxation techniques			* home		
Instruct Pt/PCg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			* recalls related medication(s) purpose, schedule remedies		
Assess/Instruct Pt/PCg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			patient/caregiver recalls		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.			* how to manage inflammatory process		
; 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			* optimize mobility with active and passive range of motion exercises		
Advance Directive:Living Will			* fluid and diet intake to promote healing		
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee -			* prevent constipation		
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To left knee surgical site			* home safety		
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.			* recalls related medication(s) purpose, schedule		
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, * 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			patient/caregiver recalls		
			* diet		
			* weight-bearing exercises to promote bone healing and strengthening		
			* fluids to prevent constipation		
			* home safety		
			* pain control		
			* 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 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/caregiver recalls		
			* depression-prevention strategies including avoidance of isolation		
			* healthy eating		
			* sleeping habits		
			* identification of activities that bring pleasure		
			* preventive care		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* strategies to minimize fatigue and exhaustion including work simplification		
			* energy conservation		
			* lifestyle changes		
			* diet		
			* recalls related medication(s) purpose, schedule		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			meal preparation is available to patient for all meals		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			08/18/2025		

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PT Careplans

PT WK1: 3 (08/18/25-08/23/25) ,WK2: 3 (08/24/25-08/30/25)

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: Medication review: The medication was reviewed with the patient , TKR EXERCISES : Ankle pumps, heel slides, le abd/add, slr, long arc , marching and heel raises --10x2 reps , cough/deep breathing exercises, 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., equipment training, gait training on uneven surfaces, gait training/stair training, transfers training

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, 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 - 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, Medication Review-

PT Goals

PATIENT-STATED GOAL: The patient wants to walk well

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

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

Medication Review-

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

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

Eating - 06. Independent

Sit to Stand - 06. Independent

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Car Transfer - 06. Independent

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:

Date

PAGE 3 of 3

Optional Name/Signature of Nurse/Therapist:

Date

Electronically Signed by Messick, Charles SN RN

08/18/2025