Home Health Certification and Plan of Care

Order ID: 1150/11966

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
02070173	09/04/2025	From: 09/04/2025 To: 11/01/2025	16441	217058

6. Patient's Name and Address

Rosie Delaney
2104 Jolie Pl,
CROFTON, MD 21114-
443-994-9741

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 12/12/1954 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	09/04/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	09/04/25
I10.	Essential (primary) hypertension	09/04/25
M85.80	Oth disrd of bone density and structure unspecified site	09/04/25
M81.0	Age-related osteoporosis w/o current pathological fracture	09/04/25
M54.12	Radiculopathy cervical region	09/04/25
H02.883	Meibomian gland dysfunction of right eye unspecified eyelid	09/04/25
H02.886	Meibomian gland dysfunction of left eye unspecified eyelid	09/04/25
H43.393	Other vitreous opacities bilateral	09/04/25
H25.813	Combined forms of age-related cataract bilateral	09/04/25
H04.123	Dry eye syndrome of bilateral lacrimal glands	09/04/25
Z79.82	Long term (current) use of aspirin	09/04/25
Z87.442	Personal history of urinary calculi	09/04/25
Z86.0100	Personal history of colonic polyps	09/04/25
Z90.710	Acquired absence of both cervix and uterus	09/04/25
Z90.722	Acquired absence of ovaries bilateral	09/04/25

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

Esidrix - Hydrochlorothiazide 25 mg, Take 1 tablet by mouth in the morning
Pravachol - Pravastatin Sodium 10 mg, Take 1 tablet by mouth in the evening
Aspirin - Aspirin 81 mg , Take 1 Tablet (81 mg total) by mouth once a day
Tenormin - Atenolol 25 mg , Take 1 tablet by mouth once a day
Tylenol #3 - Acetaminophen: Codeine Phosphate 500 mg, Take 2 tablets by mouth every 6 hours Take 2 tablets by mouth every 6 hours for 72 hours
Colace - Docusate Sodium 100 mg, Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day .
Discontinue once bowel movements are soft and regular
Doxylamine Succinate - Doxylamine Succinate 6.25 mg10 mg- 325 mg (nt), Take by mouth by mouth as necessary
Qutenza - Capsaicin 0.025 % , Apply capsaicin cream topical three times a day Apply capsaicin cream up to 3 times daily as needed. Wash hands before and after use
Alora - Estradiol 0.01 % (0.1 mg/gram), Insert 1 Gram vaginally vaginal at bedtime
Folic Acid - Folic Acid 0.4 mg, patient reported ; does not recall dosage by mouth as necessary patient reported ; does not recall dosage
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 500 mg(1,250mg) -200 unit, 1 PO TID by mouth three times a day
Zofran - Ondansetron Hydrochloride eq 4 mg base sublingual every 8 hours Nausea
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every 6 hours

14. DME and Supplies:

walker, cane

15. Safety Measures:

fall precautions, avoid temperature extremes, knee precautions, medication safety, walker precautions, , bathroom safety, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

iodine shellfish

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker

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: 1. Dependent - A helper completed all the activities for the patient., 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Matthew Kinney
8008 Westpark Dr
McLean, VA 22206
PHONE: 7032876475 FAX: 17032876476 NPI: 1457609323

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 : 08/19/2025

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

Clinical Condition Requiring Homecare: The patient is alert and oriented 4 and denies chest pain, chills, nausea, vomiting, exertional shortness of breath, headache, dizziness, or lightheadedness. Lungs are clear to auscultation. There is +1 pitting edema of the left lower extremity. The patient voided without complications and a bowel movement was documented prior to the procedure (LBM - an abbreviation variably used in clinical notes; commonly denotes "loose bowel movement" or may indicate "last bowel movement," here likely indicating a bowel movement prior to the procedure). Active bowel sounds are present. The sterile dry dressing is intact (photo provided) and distal pedal pulses are palpable. The patient received education on signs and symptoms of infection, proper use of compression stockings, and medication actions/side effects. Physical therapy evaluation: the patient is a 70-year-old female status post left total knee replacement on 9/3/25 who returned home today with assistance from her spouse, Duane, and daughter, Bria, who provide continuous assistance. Since surgery she demonstrates decreased endurance and mobility and an increased fall risk; she requires assistance and an assistive device to leave the home safely. Present deficits include knee pain, decreased knee strength, impaired functional mobility, difficulty negotiating steps, unsteady gait, impaired transfers, decreased balance, history of falls, and reduced safety awareness. The patient would benefit from skilled home physical therapy to improve strength, functional mobility, transfers, stair negotiation, balance, and safety awareness to restore independence; without skilled PT she remains at increased risk for falls, further functional decline, and loss of independence.
 Date of Order 09/04/2025 Orders Physician Face-to-Face Date: 08/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: PT Eval Notes: Physician Kinney, Matthew

SN Careplans

SN WK1: 1 (09/04/25-09/06/25) ,WK2: 1 (09/07/25-09/13/25)

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

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

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

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, abnormal blood pressure, abn cholesterol > 200 mg/dL, swelling in legs/around eyes, M1033 - Exhaustion, nausea/vomiting, constipation, muscle weakness, limited strength, limited endurance, swelling of affected area, B1000 - Vision Deficit, balance deficit, swell/redness surround. skin, red/tender pressure points, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: 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., wound vacuum, teach/coordinate/arrange medication packaging and/or

SN Goals

PATIENT-STATED GOAL: I want to walk without pain

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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

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
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

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

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/04/2025

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administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (09/04/25-09/06/25) ,WK2: 3 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, 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: home exercise program, therapeutic modalities, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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 - 05. Setup or clean-up assistance, 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

PT Goals

PATIENT-STATED GOAL: I want to be able to walk without my walker

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/04/2025