

Home Health Certification and Plan of Care				Order ID: 1150/11946					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
46311009		09/04/2025		From: 09/04/2025 To: 11/02/2025		16436		217058	
6. Patient's Name and Address Kathleen Revelle 6598 Autumn Wind Circle, CLARKSVILLE, MD 21029- 443-799-2242					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 08/25/1961 9. Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD Z47.1	Principal Diagnosis Aftercare following joint replacement surgery			Date 09/04/25	Atarax - Hydroxyzine Hydrochloride 25 mg, Take 1 tablet by mouth three times a day Lipitor - Atorvastatin Calcium 20 mg, Take 1 tablet by mouth once a day Cholesterol Levothroid - Levothyroxine Sodium 125 mcg, Take 1 tablet by mouth once a day Hypothyroidism Before breakfast. Estrace - Estradiol 0.01 % (0.1 mg/gram), Insert 1 gram vaginally vaginal at bedtime Insert 1 gram vaginally daily at bedtime 1 gram per vagina three times a week - allow patient for early refill as her prior tube was consumed. ADINA MANIU MD Anafranil - Clomipramine Hydrochloride 50 mg, Take 1 capsule by mouth once a day Seroquel - Quetiapine Fumarate 300 mg , Take 3 tablets by mouth once a day Depression Wellbutrin XL - Bupropion Hydrochloride 300 mg , Take 1 tablet by mouth once a day Extra Strength Tylenol - Acetaminophen 500mg (2 tablets) by mouth every 6 hours As needed for incision pain Asa - Aspirin 81mg by mouth once a day Take for 28 days Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every 4 hours 1-2 every 4-6 hours as needed for incision pain. Colace - Docusate Sodium 100mg by mouth twice a day Stool softener				
13. ICD Z96.641 E03.9 E78.5 N87.9 F31.81 R25.1 Z79.899 Z90.710	Other Pertinent Diagnoses Presence of right artificial hip joint Hypothyroidism unspecified Hyperlipidemia unspecified Dysplasia of cervix uteri unspecified Bipolar II disorder Tremor unspecified Other long term (current) drug therapy Acquired absence of both cervix and uterus			Date 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25					
14. DME and Supplies: walker, cane					15. Safety Measures: walker precautions, medication safety, hip precautions, fall precautions, bathroom safety, ambulates with device				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: no known allergies				
18.A. Functional Limitations Ambulation					18.B. Activities Permitted Walker, Up As Tolerated				
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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 right total hip 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:	<p class="MsoNoSpacing">The patient is a 64-year-old female with a past medical history of osteoarthritis, hypothyroidism, hyperlipidemia, tremors, depression, bipolar II disorder, and a history of hysterectomy. She is admitted to home health services following a right anterior total hip replacement. The patient is alert and oriented times four and currently reports pain at 8/10. She denies shortness of breath, chest pain, or dizziness. Lung sounds are clear to auscultation, and bowel sounds are hypoactive; the patient reports her last bowel movement was on Tuesday. A full assessment was performed, including vital signs, medication review, and the admission interview. Functionally, the patient performs standing and transfers independently and ambulates with a rolling walker under supervision. She is able to negotiate stairs with minimal assistance and the use of a railing. Outdoor ambulation and car transfers were not assessed at this time. Limitations were noted in dynamic standing balance and endurance. The Timed Up and Go (TUG) test was completed in 33 seconds, indicating a high fall risk. A home exercise program (HEP) focusing on supine therapeutic exercises was reviewed; the patient verbalized and demonstrated understanding. Skilled therapy services are recommended to address mobility deficits and to promote safety and independence as the patient works toward returning to her prior level of function.</p></p></p>								
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 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 : 08/13/2025				
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. PAGE 1 of 3				

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Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 08/13/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip Replacement
 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></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes:
 PT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Huang, James</p>

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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling of affected area, limited strength, limited range of motion, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Hip -

09/11/2025 Problems : #2 - Observable Surgical Wound - Anterior Right Hip -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum

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 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

SN Goals

PATIENT-STATED GOAL: I want to feel better and move around more.

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 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 self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

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

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PT WK1: 2 (09/04/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, 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: * 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 - 03. Partial/moderate 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.			PATIENT-STATED GOAL: To improve endurance with ambulation indoors and outdoors GOALS 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 Chair to Bed to Chair - 06. Independent Lower Body Dressing - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Don/Doff Footwear - 06. Independent Eating - 06. Independent Car Transfer - 06. Independent Walk 150 Feet - 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- Patient/caregiver recalls related purpose and schedule of medications. 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 Toileting Hygiene - 06. Independent Sit to Stand - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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