# Home Health Certification and Plan of Care

**Order ID: 1150/12085**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| AA00002459 | 07/07/2025 | From: 09/05/2025 To: 11/02/2025 | 14769 | 217058 |

**6. Patient's Name and Address**
James Tellington
3017 Mallview Rd ,
BALTIMORE, MD 21230-
410-644-0531

**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** 05/24/1942 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z47.1 | Aftercare following joint replacement surgery | 07/07/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| N40.0 | Benign prostatic hyperplasia without lower urinry tract symp | 07/07/25 |
| I10. | Essential (primary) hypertension | 07/07/25 |
| Z79.01 | Long term (current) use of anticoagulants | 07/07/25 |
| Z96.642 | Presence of left artificial hip joint | 07/07/25 |

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

Albuterol Inhaler - Albuterol 108 (90 Base) MCG/ACT,2 puff inhale inhalant every 6 hours
Bumetanide - Bumetanide 2 Mg, Give 1 tablet by mouth once a day
Diltiazem Hydrochloride - Diltiazem Hydrochloride 180 MG, Give 1 tablet by mouth once a day
Gabapentin - Gabapentin 100 MG, Give 1 tablet by mouth at bedtime
Primidone - Primidone 50 Mg, Give 1 tablet by mouth once a day
Senna Plus - Senna 8.6-50 MG, Give 2 tablet by mouth twice a day
Spironolactone - Spironolactone 50 MG, Give 1 tablet by mouth once a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG, Give 1 capsule by mouth once a day
Toprol Xl - Metoprolol Tartrate 50 MG (Metoprolol Succinate) Give 1 tablet by mouth once a day
Acetaminophen - Acetaminophen 325 MG , Give 3 tablet by mouth every 8 hours
Xarelto - Rivaroxaban 20 MG, Give 1 tablet by mouth once a day
Buspirone Hcl - Buspirone Hydrochloride 10 mg by mouth at bedtime Anxiety

**14. DME and Supplies:**
4 wheeled walker, large base quad cane, reacher, rolling walker, cane, commode

**15. Safety Measures:**
standard precautions, medication safety, hip precautions, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Ambulation, Endurance

**18.B. Activities Permitted**
Walker, Exercises Prescribed, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WNL, HISTORY OF DEPRESSION:

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**
patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Left 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:**

The client is an 83-year-old male with a history of osteoarthritis, benign prostatic hyperplasia, hypertension, glaucoma, atrial fibrillation, COPD, asthma, and bilateral leg swelling. He underwent a left total hip replacement at St. Agnes on 5/13/25 and was discharged from West Gate Rehabilitation on 6/30/25. The client currently lives alone in a two-story home with a stair glide and three exterior steps with a railing. Bed and bath are located on the second floor. He has a staple remaining at the hip incision site and a small blackened area on the left heel. The client also exhibits limited range of motion and decreased strength in the left shoulder. Environmental factors, including a cluttered room and an overly soft mattress, hinder his mobility; a bed rail was recommended for safety. Upon evaluation, the client was able to ambulate 25 feet twice with contact guard assistance. He transfers from bed to standing with minimal assistance and to a raised toilet seat or chair with close supervision. Bed mobility requires supervision, using his arms to assist both legs. Stair navigation, outdoor mobility, and car transfers were not assessed during the visit. He is considered homebound due to the significant effort required to leave the home using an assistive device, as evidenced by a Tinetti score of 10/28. The client has decreased standing balance, endurance, and bilateral upper extremity strength, impacting his ability to perform self-care and ambulation tasks. Skilled occupational therapy is recommended to address these functional deficits. Home health nursing is also advised for wound care related to the heel and incision site, as well as medication management. The client was educated on hip precautions, the importance of frequent walking, and the need to elevate his legs above heart level several times daily. <br> Date of Order 09/04/2025 Orders Physician Face-to-Face Date: 06/25/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt eval &treat ot eval &treat due to Left Total Hip Replacement Surgery Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: The patient has gained strength but remains weak and cannot lift his legs high enough to stand and perform outside steps. The tug score was 54 seconds. The plan is to continue with strength training and stair training.  Physician Lipnik, Yelena

**SN Careplans**

**SN Goals**

**PT Careplans**

**PT Goals**

**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**
Yelena Lipnik
900 S Caton Ave Lot J
Baltimore , MD 21229
PHONE: 4103692000 FAX: 14103692008 NPI: 1487694899

**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 : 06/25/2025

**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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PT WK2: 1 (09/07/25-09/13/25) ,WK3: 2 (09/14/25-09/20/25) ,WK4: 2 (09/21/25-09/27/25) ,WK5: 2 (09/28/25-10/04/25) ,WK6: 2 (10/05/25-10/11/25) ,WK7: 1 (10/12/25-10/18/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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: WNL

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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, muscle weakness

PROCEDURES: Home exercise program : Supine hip flexion, quad sets, glut sets, bridging, hip abduction. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps, Hip precautions training, apply anti-embolitic stockings, 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, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assista, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching 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, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assist, 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

PATIENT-STATED GOAL: To be able to get around with my cane again in my house

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

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

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

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

12 Steps - 05. Setup or clean-up assistance

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

4 Steps - 05. Setup or clean-up assistance

patient's living environment is clean/uncluttered

Car Transfer - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assista

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

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
* 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
* 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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

caregiver administers and/or packages medications appropriately

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

Walk 150 Feet - 05. Setup or clean-up assistance

| OT Careplans | OT Goals |
|---|---|

| 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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OT WK1: 10 (09/05/25-09/06/25)

PROCEDURES: seated strengthening exercises, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with bathing

TEACH PATIENT/CAREGIVER: 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

PATIENT-STATED GOAL: Clean the house

GOALS
Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 06. Independent

Toileting Hygiene - 06. Independent

| 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 |