

Home Health Certification and Plan of Care				Order ID: 1150/12066	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
29225553		09/09/2025		From: 09/09/2025 To: 11/07/2025	
4. Medical Record No.		5. Provider No.			
16560		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Linda Murphy 495 Morgan Station Rd, WOODBINE, MD 21797- 410-227-5225			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

8. DOB			09/28/1957			9. Sex			Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD		Principal Diagnosis					Date		Tylenol - Acetaminophen 500 mg, Take 2 tablets by mouth every 6 hours					
Z47.1		Aftercare following joint replacement surgery					09/09/25		Take 2 tablets by mouth every 6 hours for 72 hours					
13. ICD		Other Pertinent Diagnoses					Date		Roxicodone - Oxycodone Hydrochloride 5 mg, Take 1 to 2 tablets every 6 hours Take 1 to 2 tablets every 6 hrs as needed for severe pain.					
Z96.642		Presence of left artificial hip joint					09/09/25		Zofran Odt - Ondansetron 4 mg, Dissolve 1 tablet on the tongue by mouth every 8 hours Dissolve 1 tablet on the tongue every 8 hours as needed for nausea or vomiting					
M79.18		Myalgia other site					09/09/25		Wellbutrin XL - Bupropion Hydrochloride 150 mg, Take 1 tablet by mouth once a day					
G44.52		New daily persistent headache (NDPH)					09/09/25		Celexa - Citalopram Hydrobromide 10 mg, Take 1 tablet by mouth once a day					
R73.03		Prediabetes					09/09/25		Imitrex - Sumatriptan Succinate 100 mg, Take 1 tablet by mouth once a day					
E66.9		Obesity unspecified					09/09/25		Take 1 tablet by mouth one time at onset of migraine headache. Dose can be repeated 1 time after 2 hours					
Z68.31		Body mass index [BMI] 31.0-31.9 adult					09/09/25							

14. DME and Supplies:			15. Safety Measures:		
wound care supplies, walker			bleeding precautions, infectious material management, walker precautions, hip precautions, transfer with assist, standard precautions, medication safety, fall precautions, ambulates with assistance, cardiac precautions		
16. Nutrition:			17. Allergies:		
regular			pcn		
18.A. Functional Limitations			18.B. Activities Permitted		
None of the above, Endurance, Ambulation			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:		fair	
22. A Rehabilitation Potential:		22.B.Discharge Plans	
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.		patient will be responsible for managing treatment	

Homebound status: After undergoing Left Anterior 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.

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles SN RN on 09/09/2025			
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.	
James Huang 8028 Ritchie Hwy Pasadena, MD 21122 PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709		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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SN Careplans	SN Goals
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SN Goals

PATIENT-STATED GOAL: Regain strength to go travel

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 optimize range of motion with active and passive therapeutic exercises
 - * manage pain/discomfort
 - * fluid and diet intake to promote healing
 - * prevent constipation
 - * recalls related medication(s) purpose, schedule

- patient/caregiver recalls
- * migraine/headache prevention including lifestyle changes
- * home remedies
- * dietary modifications to reduce or eliminate triggers
- * alternative medicines such as acupuncture and biofeedback
- * recalls related medication(s) purpose, schedule

- patient/caregiver recalls
- * how to keep journal of food and fluid intake
- * healthy meal plan tips
- * exercise program
- * nutritional knowledge
- * recalls 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
- * recalls 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
- * recalls related medication(s) purpose, schedule

- * 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

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

Date _____

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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, * 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, * migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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 journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, 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's transportation needs are met, meal preparation is available to patient for all meals	patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's transportation needs are met meal preparation is available to patient for all meals
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PT Careplans PT WK1: 2 (09/09/25-09/13/25) ,WK2: 3 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25) 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., 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., Medication Review- Patient/caregiver, related purpose and schedule of medications.	PT Goals PATIENT-STATED GOAL: To walk independently GOALS Chair to Bed to Chair - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent Lower Body Dressing - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Don/Doff Footwear - 06. Independent Eating - 06. Independent Sit to Stand - 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 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/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 Medication Review- Patient/caregiver recalls related purpose and schedule of medications.
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Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles SN RN	Date 09/09/2025