Home Health Certification and Plan of Care

Order ID: 1150/12332

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14341328	09/18/2025	From: 09/18/2025 To: 11/15/2025	13635	217058

6. Patient's Name and Address
Rita Carberry
8620 Kelso Dr Apt A115,
ESSEX, MD 21221-
410-262-4258

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 03/20/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	09/18/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	09/18/25
M15.0	Primary generalized (osteo)arthritis	09/18/25
I10.	Essential (primary) hypertension	09/18/25
G62.9	Polyneuropathy unspecified	09/18/25
G47.00	Insomnia unspecified	09/18/25
F43.21	Adjustment disorder with depressed mood	09/18/25
M62.562	Muscle wasting and atrophy NEC left lower leg	09/18/25
Z79.82	Long term (current) use of aspirin	09/18/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/18/25
Z86.018	Personal history of other benign neoplasm	09/18/25

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

Aspirin (ECOTRIN LOW STRENGTH) 81 mg Oral TBEC DR Tab 81 mg, Take 1 tablet by mouth twice a day CVA prophylaxis
Lisinopril (PRINIVIL/ZESTRIL) 20 mg Oral Tab 20 mg, Take 1 tablet by mouth once a day HTN
Neurontin - Gabapentin 100 mg 100 mg, Take 1 capsule by mouth once a day Neuropathy
Tylenol - Acetaminophen 500 mg, Take 2 tablets by mouth every 6 hours As needed for pain
Colace - Docusate Sodium 100 mg, Take 1 capsule by mouth twice a day Stool softener
Desyrel - Trazodone Hydrochloride 50 mg, Take 1/2 tablet by mouth at bedtime Insomnia
Senokot - Senna 8.6 mg, Take 17.2 mg by mouth twice a day Stool softener
Celebrex - Celecoxib 100 mg, Take 1 capsule by mouth twice a day As Needed for arthritis pain.
Miralax - Polyethylene Glycol 3350 17 gram/dose Oral Powd, Take 17 g by mouth once a day Stool softener
Iron,Carbonyl-Vitamin C (VITRON-C) 65 mg iron- 125 mg Oral TBEC DR Tab 125 mg, Take 1 tablet by mouth once a day Supplement
Ducolax - Bisacodyl 10mg, insert 1 suppository rectal once a day Every 24 hours as needed for constipation .
Melatonin - Melatonin 5mg, take 2 tablets by mouth at bedtime Insomnia

14. DME and Supplies:
wheelchair, rolling walker, bath bench, walker, commode, cane

15. Safety Measures:
walker precautions, , , , ambulates with device, hip precautions, wheelchair precautions, , bathroom safety,

16. Nutrition:
low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
No Restrictions

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:
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 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 patient is a 78-year-old female with a past medical history significant for hypertension, osteoarthritis, and generalized weakness. She underwent a left total hip replacement on 06/09/2025, followed by a stay at a rehabilitation facility, and has since returned home to her senior living apartment where she resides alone. At the time of assessment, the patient was alert and oriented 4, in no respiratory distress, and her vital signs were within normal limits. The surgical incision is healed, and skilled nursing is currently focused on medication management. Education regarding medication compliance, indications, and potential side effects was provided, and the patient verbalized understanding. Since discharge, the patient has developed pain around her left hip, particularly aggravated by weight-bearing, and demonstrates a slow, unsteady gait. During therapy, she participated in supine exercises (heel slides, straight leg raises, and lower-extremity abduction/adduction), seated long-arc quadriceps, and standing exercises including marching, mini squats, and heel raises. She was able to ambulate approximately 150 feet with a rolling walker, though progress was limited by pain and reduced stability. The patient would benefit from ongoing skilled physical therapy to address strength, balance, and gait training, as well as occupational therapy and home health aide support to improve safety and independence in ADLs given that she lives alone. Continued skilled nursing will provide medication management and monitor for any post-surgical complications. The plan of care includes reinforcing fall prevention strategies, optimizing use of assistive devices, and coordinating with her orthopedic provider for further evaluation if hip pain persists or worsens.
 Date of Order 09/18/2025 Orders Physician Face-to-Face Date: 05/06/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-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
 1 - SOC - SN Notes: soc PT Eval Notes: Physician Karpe, Jatu

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 09/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jatu Karpe
621 Stemmers Run Rd Ste B
Essex, MD 21221
PHONE: 4434922300 FAX: 14435598360 NPI: 1942864301

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 : 05/06/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/12332

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14341328	09/18/2025	From: 09/18/2025 To: 11/15/2025	13635	217058

6. Patient's Name and Address
Rita Carberry
8620 Kelso Dr Apt A115,
ESSEX, MD 21221-
410-262-4258

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

SN WK1: 1 (09/18/25-09/20/25)

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, #1 - Observable Surgical Wound - Anterior Left Hip -

PROCEDURES: Medication Review: Medication review done by patient/caregiver., cough/deep breathing exercises, physician-ordered wound care: Left hip surgical site: leave open to air.

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, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: To be able to walk upstairs and collect my mails.

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 manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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
* 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

PT Careplans

PT WK1: 1 (09/18/25-09/20/25) ,WK2: 2 (09/21/25-09/27/25) ,WK3: 2 (09/28/25-10/04/25) ,WK4: 2 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PT Goals

PATIENT-STATED GOAL: To walk with out pain

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
09/18/2025

Home Health Certification and Plan of Care

Order ID: 1150/12332

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14341328	09/18/2025	From: 09/18/2025 To: 11/15/2025	13635	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Rita Carberry 8620 Kelso Dr Apt A115, ESSEX, MD 21221- 410-262-4258	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROCEDURES: Medication Review: The medication was reviewed with the patient, Home exercises: Heel slides, slr, le abd/add, long arc . mini squats --10x2 reps , cough/deep breathing exercises, 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, 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

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

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
* 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/18/2025