

Home Health Certification and Plan of Care				Order ID: 1150/12347					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
36313810		09/15/2025		From: 09/15/2025 To: 11/13/2025		17359		217058	
6. Patient's Name and Address Robert Wright 205 A. Boxwood Road, ANNAPOLIS, MD 21403- 443-994-9599					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 05/27/1950 9. Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	MANDELAMINE 0.5 g , Take 1 Tablet by mouth four times a day Take 1 Tablet (0.5g total) by mouth 4 times daily				
Z47.1	Aftercare following joint replacement surgery			09/15/25	Microzide - Hydrochlorothiazide 12.5 MG , Take 1 Capsule by mouth once a day Take 1 Capsule (12.5 mg total) by mouth daily				
13. ICD	Other Pertinent Diagnoses			Date	Norvasc - Amlodipine Besylate 5 MG , Take1 Tablet by mouth once a day Take1 Tablet (5 mg total) by mouth daily				
Z96.652	Presence of left artificial knee joint			09/15/25	fluticasone-salmeterol (WIXELA INHUB) 250-50 MCG/ACT dlskus inhaler 250-50 MCG/ACT , INHALE 1 PUFF INTO THE LUNGS inhalant every 12 hours INHALE 1 PUFF INTO THE LUNGS EVERY 12 HOURS				
E11.9	Type 2 diabetes mellitus without complications			09/15/25	Zocor - Simvastatin 40 MG , TAKE 1 TABLET by mouth at bedtime TAKE 1 TABLET (40 MG TOTAL) BY MOUTH				
I10.	Essential (primary) hypertension			09/15/25	NIGHTLY, AT BEDTIME				
F31.9	Bipolar disorder unspecified			09/15/25	Ventolin Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT , INHALE 2 PUFFS (inhaler) inhalant every 4 hours INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZE				
N40.0	Benign prostatic hyperplasia without lower urinry tract symp			09/15/25	Ativan - Lorazepam 0,5 MG , TAKE 2.5 TABLETS by mouth once a day TAKE 2.5 TABLETS BY MOUTH PER DAY AS NEEDED				
D50.9	Iron deficiency anemia unspecified			09/15/25	Celebrex - Celecoxib 200 MG , Take 1 Capsule by mouth once a day Take 1 Capsule (200 mg total) by mouth daily				
K21.9	Gastro-esophageal reflux disease without esophagitis			09/15/25	Proscar - Finasteride 5 MG , take 1 Tablet by mouth once a day Take 1 Tablet (5 mg total) by mouth dally				
F41.9	Anxiety disorder unspecified			09/15/25	Ecotrin - Aspirin 81 MG , Take 1 Tablet by mouth twice a day Take 1 Tablet (81 mg total) by mouth 2 times daily				
J45.20	Mild intermittent asthma uncomplicated			09/15/25	Duricef - Cefadroxil/Cefadroxil Hemihydrate 500 MG , Take 1 Capsule by mouth twice a day Take 1 Capsule (500 Take 1 Capsuie (soo mg total) by mouth 2 times dally for 5 days				
E78.2	Mixed hyperlipidemia			09/15/25	Ildocalne 4 % patch 4 % patch , Place 1 Patch onto the skin topical every 12 hours Place 1 Patch onto the skin on In AM, remove in PM over 12 hours for 14 days				
E66.811	Obesity class 1 (E66.811			09/15/25	Robaxin - Methocarbamol 750 MG , Take 1 Tablet by mouth three times a day Take 1 Tablet (750 mg total) by mouth 3 times daily as needed for Muscle Spasms for up to 10 days				
Z68.30	Body mass index [BMI] 30.0-30.9 adult			09/15/25	zOFRAN-ODT (ondansetron) 4 MG , Take 1 Tablet by mouth every 6 hours Take 1 Tablet (4 mg total) by mouth every 6 Hours as needed for up to 5 days				
Z79.51	Long term (current) use of inhaled steroids			09/15/25	Senokot-S - Senna 8.6-50 MG , Take 2 Tablets by mouth twice a day Take 2 Tablets by mouth 2 times daily Recommend bowel reglmen while on narcotic medicatlon. Hold for loose stool.				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 09/15/2025					25. Date HHA Received Signed POT				
24. Physician's Name and Address Crystal Randall 630 S Exeter St. Baltimore, MD 21202 PHONE: 443-481-1150 FAX: 14102240065 NPI: 1598262453					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 : 09/08/2025				
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 4				

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Robert Wright			HomeCentris Healthcare LLC		
205 A. Boxwood Road,			10 Crossroads Drive, Suite 102		
ANNAPOLIS, MD 21403-			Owings Mills, MD 21117-8284		
443-994-9599			410-321-8448		
			1487113239		
			mg total) by mouth 2		
			times daily		
			Bactroban - Mupirocin Apply 2 % ointment to nostrils topical twice a day		
			Apply topically to		
			nostrils twice dally 3		
			days pre op/ am of		
			surgery/ 5 days post op		
			Prilosec - Omeprazole 20 MG , Take 1 Tablet by mouth at bedtime Take 1		
			Tablet (20 mg		
			total) by mouth nightty,		
			at bedtime		
			probiotics Take 1 Tablet by mouth in the morning Take 1 Tablet by mouth		
			daily in the morning		
			Desyrel - Trazodone Hydrochloride 100 MG , Take 1 Tablet by mouth at		
			bedtime Take 1 Tablet (100		
			mg total) by mouth nightly, at bedtime		
			Cyanocobalamin - Cyanocobalamin 500 MG , Take 1 Tablet by mouth once a		
			day Take 1 Tablet (500 mcg total) by mouth daily		
			cHOLECALCEFEROL (Vitamin D3) 25 MCG (1000 UT) , Take 1 Tablet by		
			mouth once a day Take 1 Tablet (25 mcg		
			total) by mouth daily		
			fluticasone-salmeterol (Wixeia Inhub) 250-50 MCG/ACT , INHALE 1 PUFF INT		
			THE LUNGS inhalant every 12 hours INHALE 1 PUFF INT		
			THE LUNGS EVERY 12		
			HOURS.		
			Neurontin - Gabapentin 100 MG , Take 1 Capsule by mouth three times a		
			day Take 1 Capsule (100 mg total) by mouth 3		
			times daily		
			Oxycodone And Acetaminophen - Acetaminophen: Oxycodone Hydrochloride		
			325 mg;10 mg 1 tab by mouth every 4 hours As needed for post op pain of		
			knee		
14. DME and Supplies:			15. Safety Measures:		
hand held shower, bath bench, rolling walker, grab bars, cane			transfer with assist, hand rails, , diabetic precautions, avoid temperature		
			extremes, ambulates with device, , emergency phone number prominently		
			displayed, ambulates with assistance, walker precautions, smoke detectors , ,		
			bathroom safety,		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Hearing			Up As Tolerated, Cane, Walker, Exercises Prescribed, Transfer bed/Chair		
19. Mental & Pyschosocial Status:			COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes		
20. Prognosis:			good		
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.			family/caregiver will be responsible for managing treatment		
Homebound status:			After undergoing Left Total Knee 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 75-year-old male who underwent a left total knee replacement (TKR) performed by Dr. MacDonald on September 2, 2025. He was hospitalized for six days following the procedure and has since returned home, where he resides with his significant other, Cristina, who provides assistance with his care on a continuous basis. At the time of the start of care visit, consents were obtained, and a comprehensive physical therapy evaluation was completed. The patient requires skilled physical therapy services to address post-operative pain management, decreased range of motion, weakness, and functional limitations related to mobility, transfers, and gait safety. Education was initiated regarding safe use of assistive devices, importance of adherence to prescribed home exercise program, pain management strategies, and fall prevention. The plan of care will focus on progressive strengthening, range of motion exercises, functional mobility training, and gait retraining with the ultimate goal of restoring independence and maximizing recovery following surgery. Date of Order 09/15/2025 Orders Physician Face-to-Face Date: 09/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Left Total Knee 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 - PT Notes: soc Physician Randall, Crystal		
SN Careplans			SN Goals		
Signature of Physician:			Date		
			PAGE 2 of 4		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			09/15/2025		

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PT Careplans PT WK1: 3 (09/15/2025 - 09/20/2025), WK2: 2 (09/21/2025 - 09/27/2025), WK3: 2 (09/28/2025 - 10/04/2025) 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 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, S O2: 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: GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, D0160 - Depression, M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, limited strength, swelling of affected area, limited range of motion, muscle weakness, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee - Currently covered with non removable dressing to be removed by MD on 9/16/25 09/15/2025		PT Goals PATIENT-STATED GOAL: I want to get back up on my feet and enjoy my new Knee GOALS Toilet Transfer - 06. Independent 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 * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching 1 - Step (curb) - 04. Supervision or touching assistance 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule Car Transfer - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance patient/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed		
Signature of Physician:		Date		
		PAGE 3 of 4		
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GG0130A1 - Eating GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: L knee surgical site, dressing to be removed by MD on 9/16/25, home exercise program: Supine therex, ankle pump, quad set, gluteal set, heel slide, straight leg raise. Seated therex, hip flexion, Long Arc Quad, hip abduction and pillow squeeze. Standing therex with biaxial support, mini squat, heel raise, hip flexion, hip abduction, hip extension and leg curls. Copy of HEP left in home with instructions to complete twice/day., therapeutic modalities, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, teach/coordinate/arrange medication packaging and/or administration 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance		* recalls related medication(s) purpose, schedule caregiver administers and/or packages medications appropriately 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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule		

Signature of Physician:	Date
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