

Home Health Certification and Plan of Care				Order ID: 1150/12506										
1. Patient's HI claim No. 8QG6DD8DP74		2. Start Of Care Date 09/17/2025		3. Certification Period From: 09/17/2025 To: 11/15/2025		4. Medical Record No. 7772		5. Provider No. 217058						
6. Patient's Name and Address Denis Forsha 2453 Medford Ct, CROFTON, MD 21114- 571-277-7724					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 01/19/1956					9. Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Crestor - Rosuvastatin Calcium 5 mg, Take 1 tablet by mouth once a day Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours For pain post surgical procedure Meloxicam - Meloxicam 15mg by mouth as necessary Colace - Docusate Sodium 100mg by mouth twice a day Constipation Aspirin 81Mg - Aspirin 81 by mouth twice a day				
11. ICD Z47.1		Principal Diagnosis Aftercare following joint replacement surgery			Date 09/17/25		15. Safety Measures: walker precautions, , restricted ROM, non-slip surface in tub, , knee precautions, infectious material management, , bathroom safety, avoid temperature extremes, ambulates with device							
13. ICD Z96.653 M54.12 E78.5 E55.9 Z85.828 Z85.46 Z79.82 Z79.891 Z87.891		Other Pertinent Diagnoses Presence of artificial knee joint bilateral Radiculopathy cervical region Hyperlipidemia unspecified Vitamin D deficiency unspecified Personal history of other malignant neoplasm of skin Personal history of malignant neoplasm of prostate Long term (current) use of aspirin Long term (current) use of opiate analgesic Personal history of nicotine dependence			Date 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25 09/17/25									
14. DME and Supplies: wound care supplies, rolling walker, hand held shower, cane					17. Allergies: statins									
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					18.B. Activities Permitted Walker, Cane, Crutches, Up As Tolerated									
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation, Endurance					19. Mental & Psychosocial 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No									
20. Prognosis: good					22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.									
22. B. Discharge Plans patient will be responsible for managing treatment					27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face									
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles SN RN on 09/17/2025					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 : 08/26/2025									
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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treat due to Right 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 - Physician

Huang , James

SN Careplans

SN WK1: 1 (09/17/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25)

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: 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, ~~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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, constipation, swelling of affected area, limited range of motion, muscle spasms, limited endurance, limited strength, muscle weakness, Pain Interference with Therapy activities, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, swell/redness surround. skin, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

SN Goals

PATIENT-STATED GOAL: I want to walk without pain

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 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

- * low cholesterol dietary guidelines
- * 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 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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/17/2025

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treatments with adequate competence					
PT Careplans PT WK1: 2 (09/17/25-09/20/25) ,WK2: 3 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, 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: incentive spirometer, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging, supine LAQ. Seated-LAQ hip flex, hip abd Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Pt instructed to apply ice to L kneex 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control: Reviewed signs and symptoms of infection of incision/wound, including fever, chills, redness, swelling, pain, bleeding, or any discharge from the surgical site. Nausea or vomiting that does not get better, or pain that does not get better with medication. Pt VU of instructions via TB., assist with fall prevention 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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			PT Goals PATIENT-STATED GOAL: I want to be able to ride my bike again GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Shower/Bathe Self - 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 Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Sit to Stand - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent 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 Lower Body Dressing - 06. Independent Don/Doff Footwear - 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		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/17/2025