

Home Health Certification and Plan of Care				Order ID: 1150/12552	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
01121811		09/24/2025		From: 09/24/2025 To: 11/22/2025	
4. Medical Record No.		5. Provider No.			
2467		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Crystal Gardner 7502 Johnny Cake Road Apt 2D, WINDSOR MILL, MD 21244- 443-788-2739			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
11/16/1962			Female		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		09/24/25	
13. ICD		Other Pertinent Diagnoses		Date	
I11.0		Hypertensive heart disease with heart failure		09/24/25	
I50.30		Unspecified diastolic (congestive) heart failure		09/24/25	
G47.33		Obstructive sleep apnea (adult) (pediatric)		09/24/25	
I34.0		Nonrheumatic mitral (valve) insufficiency		09/24/25	
I83.93		Asymptomatic varicose veins of bilateral lower extremities		09/24/25	
B00.89		Other herpesviral infection		09/24/25	
Z90.3		Acquired absence of stomach [part of]		09/24/25	
Z96.653		Presence of artificial knee joint bilateral		09/24/25	
Z87.891		Personal history of nicotine dependence		09/24/25	
14. DME and Supplies:			15. Safety Measures:		
cane, rolling walker, bath bench			infectious material management, , knee precautions, , , ambulates with device, walker precautions, ,		
16. Nutrition:			17. Allergies:		
cardiac diet			aspirin chlorhexidine gluconate ibuprofen		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Cane, Walker, Exercises Prescribed		
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 another facility/provider 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:<div>The patient is a 78-year-old male with a past medical history significant for heart failure, osteoarthritis, hypertension, mitral valve regurgitation, genital herpes, varicose veins, and obstructive sleep apnea, now status post left total knee replacement. He also has a history of right TKR approximately one year ago. The patient is alert and oriented 3, reports moderate pain rated 5/10, and is currently taking diclofenac with effective pain relief. He denies shortness of breath, lung sounds are clear throughout, and appetite is fair. Last bowel movement was today. Examination revealed a non-removable dressing over the left knee incision site with no drainage, +1 edema, and two fluid-filled blisters. The patient is wearing TEDs compression stockings and ambulates safely with a rolling walker. Skilled nursing reviewed the medication regimen, pain management strategies, and signs and symptoms of infection, with instructions to notify the physician if blistering worsens. The patient verbalized understanding of all education provided. PT evaluation and treatment were completed. In supine, he performed ankle pumps, heel slides, lower extremity abduction/adduction, and assisted straight leg raises. In sitting, he completed heel slides and long arc quadriceps exercises, and in standing, he performed marching, side kicks, and heel raises, completing 10 repetitions for 2 sets of each. Training focused on reinforcing a heel-to-toe gait pattern while ambulating with a rolling walker to improve safety and reduce fall risk. The patient will continue with skilled nursing at a frequency of 1w2, along with ongoing physical therapy to address pain, edema, strength, balance, and functional mobility, supporting a safe and progressive recovery.</div><div>white-space: pre; font-size: 14px;">Date of Order</div><div>09/24/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 09/04/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement Surgery</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>white-space: pre; font-size: 14px;">white-space: normal;"> </div><div>PT Eval Notes: eval</div><div>1 - SOC - SN Notes: Physician</div><div>Huang , James</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles SN RN on 09/24/2025					
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 : 09/04/2025		
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 WK1: 1 (09/24/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25)		PATIENT-STATED GOAL: TO WALK WITHOUT PAIN	
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		GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance		patient/caregiver recalls	
HOSPITALIZATION RISKS: 9. Other risk(s) not listed in 1- 8		* how to achieve wound healing including cleaning and dressing wound	
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.		* position changes	
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.		* skin care	
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		* diet modification	
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.		* record wound measurements	
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.		* recalls related medication(s) purpose, schedule	
Provide education content at patient's level of health literacy.		patient/caregiver recalls	
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.		* lifestyle modifications to manage cardiac condition including symptom management	
Assess: Musculoskeletal status.		* diet changes	
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		* regular exercise	
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.		* getting enough sleep	
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques		* recalls related medication(s) purpose, schedule	
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,		patient/caregiver recalls	
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training		* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings	
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.		* physical exercise plan	
; 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		* diet	
Advance Directive:No Advance Directive		* recalls related medication(s) purpose, schedule	
PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, swelling in the arms/legs, limited range of motion, swelling of affected area, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT KNEE NON REMOVABLE DRESSING WITH NO DRAINAGE NOTED		patient/caregiver recalls	
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To left knee surgical site- 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.		* 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 PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, 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		* teach relaxation skills and diversional activities	
		* recalls related medication(s) purpose, schedule	
		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	

PT Careplans	PT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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PT WK1: 2 (09/24/25-09/27/25) ,WK2: 3 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25)			PATIENT-STATED GOAL: To ambulate safely with out pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, 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			GOALS		
PROCEDURES: Medication Review: The medication was reviewed with the patient , TKR exercises : Ankle pumps, heel slides, slr, le abd/add, long arc and heel raises --10x2 reps , cough/deep breathing exercises, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training			Shower/Bathe Self - 05. Setup or clean-up assistance		
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, 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		
			Chair to Bed to Chair - 06. Independent		
			Toilet Transfer - 06. Independent		
			Walk 10 ft on Uneven Surface - 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		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Eating - 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		
			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		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
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