Home Health Certification and Plan of Care

Order ID: 1150/12836

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
72115260	09/27/2025	From: 09/27/2025 To: 11/24/2025	17422	217058

6. Patient's Name and Address

Doris Washington
113 S Exeter St,
Baltimore, MD 21202-
571-502-7544

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 08/11/1957 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	09/27/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/27/25
I87.2	Venous insufficiency (chronic) (peripheral)	09/27/25
J30.9	Allergic rhinitis unspecified	09/27/25
E55.9	Vitamin D deficiency unspecified	09/27/25
C7A.020	Malignant carcinoid tumor of the appendix	09/27/25
Z79.899	Other long term (current) drug therapy	09/27/25
Z86.0100	Personal history of colonic polyps	09/27/25
Z96.653	Presence of artificial knee joint bilateral	09/27/25
Z87.891	Personal history of nicotine dependence	09/27/25

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

Amilodipine - Amlodipine Besylate 10mg; 1 tab by mouth once a day blood pressure
Asa 81 Mg - Aspirin 81mg; 1 tab by mouth twice a day antiplatelet post knee replacement
Senna - Senna 8.6mg; 2 tabs by mouth at bedtime as needed for bowel regimen
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1 tab by mouth every 4 hours as needed for pain
Tylenol - Acetaminophen 500mg; 1 tab by mouth every 8 hours as needed for pain
Ondansetron - Ondansetron 4 mg 4mg; 1 tab by mouth every 8 hours as needed for nausea
Lovenox - Enoxaparin Sodium 30 mg subcutaneous every 12 hours anticoagulant post left knee replacement
Cozaar - Losartan Potassium 100 mg 100 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily blood pressure
Aldactone - Spironolactone 100 mg 100 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily fluid pill
Zocor - Simvastatin 20 mg 20 mg , Take 1 tablet by mouth Take 1 tablet by mouth every evening for cholesterol and heart protection
Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA 90 mcg/actuation , Inhale 2 puffs (inhaler) inhalant every 4 hours Inhale 2 puffs by mouth every 4 hours as needed for wheezing or shortness of breath (Rescue inhaler)
Biotin (MERIBIN) 5 mg Oral Cap 5 mg , Take 1 capsule by mouth once a day Take 1 capsule by mouth daily supplement
Cholecalciferol, Vitamin D3, (VITAMIN D3) 25 mcg (1,000 unit) Oral Tab 25 mcg (1,000 unit) , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily supplement

14. DME and Supplies:

walker, reacher, cane

15. Safety Measures:

infectious material management, , knee precautions, , , ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, sharps precautions, , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

atorvastatin lisinopril singulair

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

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: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Matthew Kinney
8008 Westpark Dr
McLean, VA 22206
PHONE: 7032876475 FAX: 17032876476 NPI: 1457609323

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 : 09/15/2025

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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another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

Homebound status: After undergoing Left Total Knee Replacement, 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 68-year-old female admitted to home health services following a left total knee replacement on September 25, 2025. Her past medical history is significant for peripheral venous insufficiency, hypertension, malignant neuroendocrine tumor, hypercalcemia, vitamin D deficiency, allergic rhinitis, asthma, gastroesophageal reflux disease (GERD), obesity, cardiac murmur, and bilateral knee osteoarthritis, with a prior right total knee replacement. She is currently residing with her daughter in a townhouse with 14 steps leading to the first-floor living area, where her bed and bathroom are located. The patient is alert and oriented 3, reports no discomfort at the time of assessment, and manages mild postoperative pain with acetaminophen and regular use of an Iceman cold therapy device. She denies shortness of breath, and lung sounds are clear bilaterally. Appetite is fair, last bowel movement was yesterday, and she is voiding without complications. Physical assessment reveals bilateral hand and lower extremity edema with the left knee dressing intact, clean, dry, and without drainage. The patient ambulates approximately 30 feet using a rolling walker with supervision and is able to ascend and descend 14 steps using a handrail and cane under supervision. Bed mobility on an inflatable mattress and transfers to a recliner, toilet, and sofa are performed with supervision. Functional assessment using the Tinetti balance and gait tool yields a score of 14/28, indicating a high risk for falls and supporting homebound status due to the taxing effort required to leave the home. Physical therapy evaluation noted decreased strength, endurance, and range of motion in the left knee, limiting independence in mobility and transfers. Therapeutic exercises performed included standing knee flexion, hip abduction and extension, plantarflexion, squats, seated knee extension, and ankle pumps, all tolerated well. The patient was educated on the importance of performing prescribed home exercises regularly, ambulating with a walker several times daily, and applying ice to the surgical knee for 20 minutes multiple times per day to reduce pain and swelling. Education was also provided on medication use, pain management strategies, and signs and symptoms of infection. The plan includes continued skilled physical therapy to improve strength, range of motion, balance, and functional mobility to promote a safe return to prior levels of independence and prepare for eventual transition to outpatient rehabilitation once medically cleared.
 Date of Order 09/27/2025 Orders Physician Face-to-Face Date: 09/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement 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: eval Physician Kinney, Matthew

SN Careplans

SN WK1: 2 (09/26/25-09/27/25)

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: 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; 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 ; 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

SN Goals

PATIENT-STATED GOAL: I WANT MY KNEE TO HEAL

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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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

meal preparation is available to patient for all meals

Signature of Physician:

Date

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

Date: 09/27/2025

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Monitor surgical wound for S/S of infection, educate on S/S of concern and infection prevention to promote wound healing.

MD TO REMOVE LEFT KNEE DRESSING
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, swelling in the arms/legs, limited endurance, limited range of motion, swelling of affected area, limited strength, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT KNEE DRESSING INTACT NO DRAINAGE NOTED

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: MD TO REMOVE THE LEFT KNEE DRESSING

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, * 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, * 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, meal preparation is available to patient for all meals

PT Careplans

PT WK2: 3 (09/28/25-10/04/25) ,WK3: 3 (10/05/25-10/11/25)

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: Home exercise program : standing knee flexion, hip abduction, hip extension, plantarflexion, squats, sitting knee extension and ankle pumps. Supine quad sets, short arc quads, hip abduction, straight leg raise, hip abduction , Stretching to right knee: 5 x hold 10 second. Initially 5-80 degrees., equipment training, work simplification/energy conservation, 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 - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, 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 - 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: Walk independently without pain using a cane

GOALS
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

Car Transfer - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 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

Walk 150 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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