Home Health Certification and Plan of Care

Order ID: 1150/13416

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37073707	10/20/2025	From: 10/20/2025 To: 12/18/2025	18367	217058

6. Patient's Name and Address
Tina Kemp
2326 Old Frederick Rd,
CATONSVILLE, MD 21228-
443-838-2005

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 10/29/1967 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	10/20/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	10/20/25
E66.9	Obesity unspecified	10/20/25
Z79.82	Long term (current) use of aspirin	10/20/25
Z79.891	Long term (current) use of opiate analgesic	10/20/25

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

Keflex - Cephalexin take 500 mg, capsule by mouth three times a day Antibiotic
Levothyroxine Sodium 150 mg, take 1 tablet by mouth once a day TAKE TABLET BY MOUTH DAYS A WEEK Orally Once a day
Atorvastatin Calcium - Atorvastatin Calcium 20 MG, take 1 Tablet by mouth at bedtime TAKE TABLET BY MOUTH EVERY DAY IN THE EVENING
Aspirin 81Mg - Aspirin take 81 mg, tablet by mouth once a day 81 MG Tablet Delayed Release.
1 tablet Orally Once pay
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5 mg, take 1-2 tablets by mouth every 6 hours take Tablet 1
TABLETS Orally Once a day
Gabapentin - Gabapentin 300 mg, Take 1 capsule by mouth at bedtime For restless leg
Fluoxetine Hydrochloride - Fluoxetine Hydrochloride 40 mg, take 1 capsule by mouth once a day TAKE
1 CAPSULE BY MOUTH EVERY DAY
FOR 30 DAYS
Vitamin D - Ergocalciferol take 2000-unit tablet by mouth once a day take tablet Orally Once a day, Notes OTO
Olmesartan Medoxomil - Olmesartan Medoxomil 20 MG, take 1 tablet by mouth once a day HTN

14. DME and Supplies:
sock aid, walker, reacher, hand held shower, grab bars, cane, bath bench, rolling walker

15. Safety Measures:
bathroom safety, infectious material management, , knee precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Pt is allergic to lisinopril, seasonal allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Transfer bed/Chair, Up As Tolerated

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: 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 Right 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 57-year-old female with a past medical history significant for multiple sclerosis, obesity, restless leg syndrome, bilateral knee osteoarthritis, and hypertension, who was admitted to home health services following a right total knee replacement. She resides in a split-level home with a roommate and pets, currently staying in the family room to facilitate mobility and safety. The patient utilizes a recliner with a lift mechanism for ease of transfers. She has daytime assistance from a friend, Lois, and evening support from her roommate. The patient is alert and oriented to person, place, time, and situation. She reports no bowel movement since surgery and was educated on the use of stool softeners as needed, along with dietary recommendations to promote bowel regularity. On examination, the patient demonstrates limitations in range of motion, strength, functional mobility, standing balance, and endurance. Right knee range of motion is measured at 3 to 55 degrees in flexion and extension with overpressure. The discharge summary indicates that the patient is to perform wound care independently. The Aquacel dressing is to remain in place for a minimum of three days postoperatively, after which it may be removed and replaced with a light gauze dressing secured with an ACE wrap until surgical follow-up. The Timed Up and Go (TUG) test was completed in 60 seconds, signifying a high risk for falls. Currently, the patient is able to stand and transfer independently with the use of a rolling walker and can ambulate short indoor distances independently, albeit with increased time and effort. Outdoor ambulation, stair negotiation, and car transfers were not assessed during this visit. The home exercise program (HEP) was reviewed, including supine lower extremity therapeutic exercises, sit-to-stand repetitions, and hourly ambulation for mobility progression. Education was provided regarding the proper application of compression stockings, along with the use of ice and limb elevation to reduce edema and lower the risk of deep vein thrombosis (DVT). The patient will continue to benefit from skilled physical therapy services to address strength, mobility, and balance deficits and to facilitate a safe and independent return to her prior level of function.
 Date of Order 10/20/2025 Orders Physician Face-to-Face Date: 10/02/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Right 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 - PT Notes: soc Physician Antoniades, John

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
John Antoniades
3449 Wilkens Ave
Baltimore, MD 21229
PHONE: 4103689992 FAX: 14103689997 NPI: 1437187960

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 : 10/02/2025

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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PT Careplans

PT WK1: 8 (10/20/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, 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, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited range of motion, limited endurance, muscle weakness, obesity, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

10/21/2025

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: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., cough/deep breathing exercises, physician-ordered wound care: To right knee surgical site- Patient/caregiver to remove dressing independently of clinician prior to surgical follow up. Once dressing removed pt has been instructed to apply light gauze secured by an ace bandage until the staples are removed at two week followup., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve ROM and independence with walking

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Walk 10 ft on Uneven Surface - 05. Setup or clean-up 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

12 Steps - 05. Setup or clean-up assistance

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

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

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
10/20/2025