

Home Health Certification and Plan of Care				Order ID: 1150/13359	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
581012858		10/22/2025		From: 10/22/2025 To: 12/20/2025	
				4. Medical Record No.	
				18533	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Stephanie Carr 2908 Silver Hill Ave, GWYNN OAK, MD 21207- 410-925-6671			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
12/23/1958			Female		
11. ICD			Date		
Z47.1			10/22/25		
Principal Diagnosis			Aftercare following joint replacement surgery		
13. ICD			Date		
Z96.643			10/22/25		
M17.10			10/22/25		
N39.0			10/22/25		
E78.00			10/22/25		
E21.0			10/22/25		
G47.33			10/22/25		
I05.9			10/22/25		
M81.0			10/22/25		
R91.8			10/22/25		
G43.909			10/22/25		
Z90.710			10/22/25		
Z87.891			10/22/25		
Other Pertinent Diagnoses			Date		
Presence of artificial hip joint bilateral			10/22/25		
Unilateral primary osteoarthritis unspecified knee			10/22/25		
Urinary tract infection site not specified			10/22/25		
Pure hypercholesterolemia unspecified			10/22/25		
Primary hyperparathyroidism			10/22/25		
Obstructive sleep apnea (adult) (pediatric)			10/22/25		
Rheumatic mitral valve disease unspecified			10/22/25		
Age-related osteoporosis w/o current pathological fracture			10/22/25		
Other nonspecific abnormal finding of lung field			10/22/25		
Migraine unsp not intractable without status migrainosus			10/22/25		
Acquired absence of both cervix and uterus			10/22/25		
Personal history of nicotine dependence			10/22/25		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			Colace - Docusate Sodium 100mg; 1 tab by mouth once a day bowel regimen Asa 81 Mg - Aspirin 81mg ; 1 tab by mouth twice a day post right hip replacement Tylenol - Acetaminophen 500mg; 2 tabs by mouth every 8 hours as needed for pain Norvasc - Amlodipine Besylate eq 5 mg base 5 mg, take 1 tablet by mouth once a day blood pressure Ditropan XI - Oxybutynin Chloride 10 mg, take 1 tablet by mouth once a day bladder Fosamax - Alendronate Sodium 70 mg, take 1 tablet by mouth once a week Take 1 tablet by mouth every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) , Take 1 tablet by mouth once a day supplement Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1tab by mouth every 6 hours as needed for pain		
14. DME and Supplies:			15. Safety Measures:		
walker, cane			bathroom safety, infectious material management, standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, hip precautions, anticoagulant precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Dyspnea With Minimal Exertion, Ambulation			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		
Homebound status:			After undergoing Right Total Hip 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:			<p class="MsoNoSpacing">The patient, a 66-year-old female, was admitted to home health services following a right total hip arthroplasty on 10/21/25. Her past medical history includes hyperparathyroidism, hypercholesterolemia, osteoporosis, hypercalcemia, history of left hip arthroplasty, prediabetes, multiple pulmonary nodules, bilateral dry eyes, osteoarthritis of the knee, migraines, urge incontinence, and a history of smoking. The patient's sister assists with all ADLs and IADLs as needed. During the visit, the patient was alert and oriented 3 and denied pain, reporting that she had taken oxycodone prior to the evaluation. However, she has been experiencing episodes of shortness of breath, dizziness, dry mouth, and fatigue, along with episodes of hypotension (as low as 80/50 mmHg). Due to these symptoms, she was referred to Kaiser Urgent Care for further assessment, and her sister confirmed she was being discharged home later that evening after evaluation. A physical therapy evaluation was completed, revealing right lower extremity weakness (MMT 3-/5) and the need for contact guard assistance for transfers and short-distance ambulation with a rolling walker. The patient demonstrated slight internal rotation of the right hip during ambulation and reported frequent episodes of wheezing since surgery, each lasting 1-2 minutes. Blood pressure at the time of evaluation was 86/52 mmHg, increasing slightly after activity. The patient appeared fatigued but preferred to wait for the scheduled nursing visit before seeking further care. She will benefit from skilled physical therapy to improve lower extremity strength, balance, gait, and safety with mobility to facilitate a safe return to her prior level of function.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">10/22/2025 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 10/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip 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</p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes:</p><p class="MsoNoSpacing">Physician: Huang , James</p>		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 10/22/2025					
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 : 10/15/2025		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

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SN Careplans

SN WK1: 1 (10/22/25-10/25/25) ,WK2: 1 (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: 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 promote wound healing.

RIGHT HIP

Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, dizziness/syncope, abnormal blood pressure, M1600 - UTI, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Hip - NONREMOVABLE DRESSING

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 right hip 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.

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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training

SN Goals

PATIENT-STATED GOAL: TO BREATHE BETTER AND FEEL BETTER

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 manage inflammatory process
- * optimize mobility with active and passive range of motion exercises
- * fluid and diet intake to promote healing
- * prevent constipation
- * home safety
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * lifestyle modifications to manage cardiac condition including symptom management
- * diet changes
- * regular exercise
- * getting enough sleep
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * diet
- * weight-bearing exercises to promote bone healing and strengthening
- * fluids to prevent constipation
- * home safety
- * pain control
- * 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

- * prevention including increase fluid intake
- * increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
- * perineal hygiene
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * urinary incontinence management including bladder training
- * Kegel exercises
- * skin care
- * 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
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025

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medication(s) purpose, schedule, primary nonmedication management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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	
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PT Careplans	PT Goals
PT WK1: 1 (10/22/25-10/25/25) ,WK2: 3 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25)	PATIENT-STATED GOAL: To be able to walk without help
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	GOALS Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate assistance Toileting Hygiene - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Car Transfer - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance
PROCEDURES: Medication Review- : medications reviewed with patient/caregiver, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises	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
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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Medication Review-	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
	Eating - 06. Independent 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 Medication Review- Oral Hygiene - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025