Home Health Certification and Plan of Care

Order ID: 1150/13559

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100020743	10/23/2025	From: 10/23/2025 To: 12/20/2025	18680	217058

6. Patient's Name and Address
Helen Wilkins
1443 Clairidge Rd,
GWYNN OAK, MD 21207-
443-801-1883

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 01/12/1944 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	10/23/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	10/23/25
N18.31	Chronic kidney disease stage 3a	10/23/25
E03.9	Hypothyroidism unspecified	10/23/25
M65.4	Radial styloid tenosynovitis [de Quervain]	10/23/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/23/25
Z86.0100	Personal history of colonic polyps	10/23/25
Z87.891	Personal history of nicotine dependence	10/23/25

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

Levothyroxine Sodium - Levothyroxine Sodium 0.075 mg 75 MCG,take 1 tablet by mouth in the morning on an empty stomach Orally Once a day for thyroid
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 UNIT Capsule,Take 1 capsule Orally by mouth once a day Supplement
Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 UNIT Capsule,Take 1 capsule Orally by mouth once a day For supplement
Famotidine - Famotidine 20 mg 1 tablet by mouth once a day As needed for GERD
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg tablet by mouth every 6 hours As needed for pain
Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base 1 tablet by mouth twice a day Infection prevention
Aspirin 81Mg - Aspirin 1 tablet by mouth once a day Heart health
Tylenol Extra Strength - Acetaminophen 500 mg 1 tablet by mouth every 6 hours As needed for pain

14. DME and Supplies:
cane, walker, bath bench

15. Safety Measures:
bleeding precautions, infectious material management, standard precautions, medication safety, knee precautions, fall precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
shellfish

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, 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 Arthroplasty, 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 an 81-year-old female who underwent a right total knee arthroplasty (R TKA) this week. Prior to surgery she ambulated without an assistive device but was limited by pain and intermittently used a single-point cane (SPC). On initial physical therapy evaluation she demonstrates decreased strength and range of motion in the left knee with manual muscle testing approximately 3-/5 and active range of motion of flexion to 80 and extension from -15 to neutral. She requires contact guard assist (CGA) for transfers and for short-distance ambulation with a rolling walker (RW), and requires bilateral handrail support for stair negotiation. PT interventions during this session included instruction and practice in stair negotiation sequencing, gait training focused on normalizing step length and coordinating RW use, and functional transfer training. The patient was educated to use ice for 20 minutes after exercise and to elevate the right lower extremity (RLE) for pain and edema control. On inspection the surgical incision is covered with a dressing that appears clean and dry; the dressing is to be removed on postoperative day 7 per current plan. (No vital signs or medication list were documented in this PT note.) The patient would benefit from continued skilled physical therapy to increase knee strength and range of motion, improve endurance and safety with transfers/ambulation and stairs, and to restore independence to prior level of function (PLOF). The plan is to proceed with skilled PT services, implement the home exercise program and edema/pain-control measures provided, and reassess progress toward functional goals.
 Date of Order 10/23/2025 Orders Physician Face-to-Face Date: 10/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Right Total Knee Arthroplasty 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 Apostolo, Paul

SN Careplans

SN Goals

PT Careplans

PT Goals

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Paul Apostolo
3449 Wilkens Ave
Baltimore, MD 21229
PHONE: 4103684851 FAX: 14106465128 NPI: 1295776730

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 : 10/15/2025

27. Attending Physician's Signature and Date Signed **11/04/2025**: 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 WK1: 1 (10/23/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 2 (11/02/25-11/08/25) ,WK4: 2 (11/09/25-11/15/25)

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: 10. None of the above

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: GG0130C1 - Toileting Hygiene, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited range of motion, swelling of affected area, Pain Interference with Therapy activities, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Right Knee - Covered with dressing

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver, cough/deep breathing exercises, physician-ordered wound care: Leave dressing in place on R knee for 7 days. Leave open to air once removed, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, teach/coordinate/arrange medication packaging and/or administration

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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, 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

PATIENT-STATED GOAL: To be able to walk without a walker

GOALS
Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching 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/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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

patient/caregiver recalls
* how to optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/23/2025