Home Health Certification and Plan of Care

Order ID: 1150/13769

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45800778500	10/28/2025	From: 10/28/2025 To: 12/25/2025	16905	217058

6. Patient's Name and Address

Joann Herr
12200 Bel Air Rd ROOM #14,
KINGSVILLE, MD 21087-
818-232-1040

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 07/03/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	10/28/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	10/28/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/28/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/28/25
N18.2	Chronic kidney disease stage 2 (mild)	10/28/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/28/25
F31.31	Bipolar disorder current episode depressed mild	10/28/25
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder	10/28/25
A69.20	Lyme disease unspecified	10/28/25
N32.81	Overactive bladder	10/28/25
E78.5	Hyperlipidemia unspecified	10/28/25
F41.1	Generalized anxiety disorder	10/28/25
F43.10	Post-traumatic stress disorder unspecified	10/28/25
M18.2	Bi post-trauma osteoarth of first carpometacarp joints	10/28/25
E66.9	Obesity unspecified	10/28/25
Z68.32	Body mass index [BMI] 32.0-32.9 adult	10/28/25
Z79.891	Long term (current) use of opiate analgesic	10/28/25
Z86.19	Personal history of other infectious and parasitic diseases	10/28/25

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

doNIDine HCl Oral Tablet 0.1 MG , Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours for HTN Hold if SBP is less then 120 and DBP is less than B4
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG , Give 5 mg Capsule by mouth every 4 hours 5 mg by mouth every 4 hours as needed for Chronic pain 6-10
DULaxetine HCl 60 MG , Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for Depression
DOXYCYCLINE MONOHYDRATE 100MG CAPSULE 100MG , Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for (L) Hip surgical infection for 10 Days
Gabapentin - Gabapentin 300 MG , Give 1 capsule by mouth every 12 hours Give 1 capsule by mouth every 12 hours for Neuropathy
Buspirone Hcl - Buspirone Hydrochloride 15 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth 2 times a day for Bipolar Type 1
Furosemide - Furosemide 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Fluid retention R/T CHF
Brexpiprazole Oral Tablet 2 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Bipolar Type 1
Quetiapine Fumarate - Quetiapine Fumarate 100 MG , Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime for Bipolar D/O type 1
Prazosin Hydrochloride - Prazosin Hydrochloride 1 MG , Give 3 capsule by mouth at bedtime Give 3 capsule by mouth at bedtime for HTN
Colace - Docusate Sodium 100 MG. , Give 1 capsule by mouth every 12 hours Give 1 capsule by mouth every 12 hours as needed for Constipation
Albuterol Sulfate - Albuterol Sulfate 108 (90) Base) MCG/ACT , 2 inhalation inhale inhalant every 6 hours 2 inhalation inhale orally every 6 hours as needed for Wheeze
Tylenol - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for hip pain 1-5/10 max 3g/d
Clonidine Hcl - Clonidine 0.1 MG, : Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth
every 6 hours for HTN Hold if SBP is less then 120 and DBP is less than 84
Divalproex Sodium - Divalproex Sodium eq 500 mg valproic acid 500MG , Give 1 tablet by mouth three times a day Give 1 tablet by mouth three times a day for Bipolar D/O Type 1
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 MG, Give 1 capsule by mouth once a day Give 1 capsule by mouth one time a day for Depression
Florastor - Floranex 250 MG , Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for gut health for 14 Days
Meloxicam - Meloxicam 15 mg Take 1 tablet by mouth once a day Pain
Ibuprofen - Ibuprofen 400 mg Take 1 tablet by mouth every 6 hours As needed for pain

14. DME and Supplies:

wound care supplies, walker, cane

15. Safety Measures:

bathroom safety, medication safety, standard precautions, infectious material management, walker precautions, fall precautions, hip precautions, cardiac precautions, ambulates with device

16. Nutrition:

regular

17. Allergies:

flagyl

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

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

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: After undergoing Left 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kunmi Majekodunmi
1600 South Crain Highway
Glen Burnie, MD 21061
PHONE: 4107600098 FAX: 14107619131 NPI: 1497791917

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 : 10/21/2025

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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Clinical Condition Requiring Homecare:

The patient is a 65-year-old female, alert and oriented 4, currently residing in a motel and reporting homelessness while actively seeking permanent housing with her sister's assistance. Her past medical history includes COPD (not on home oxygen), hypertension, type 2 diabetes, major depressive disorder, severe anxiety disorder, bipolar disorder (with prior suicide attempt), degenerative disc disease, overactive bladder with bladder stimulator placement, history of gastric bypass surgery (2002), Lyme disease, and a history of polysubstance abuse (currently abstinent per patient). She is compliant with her prescribed medications. The patient is being followed after a left total hip replacement complicated by a small surgical dehiscence at the superior aspect of the incision site. The wound appears clean, without drainage or odor, and wound measurements and a photo were uploaded to her chart. She reports pain at 5/10, managed with Tylenol only. Vital signs are stable, and there are no signs of acute distress. Postoperatively, the patient presents with general weakness, pain, decreased standing balance and tolerance, and reduced bilateral upper extremity strength, limiting her ability to perform self-care, functional transfers, and ambulation. She was reminded of posterior lateral hip precautions-no leg crossover, no external rotation, and no pigeon-toed positioning. Education was provided on wound infection signs, use of a shower chair, and removal of throw rugs to ensure safety. A home exercise program (HEP) was initiated to improve strength and mobility. The patient verbalized understanding of all instructions and was informed that physical therapy will follow for further evaluation. Skilled occupational and physical therapy services are recommended to address her current deficits and promote return to functional independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/28/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/21/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Left 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<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Majekodunmi, Kunmi

SN Careplans

SN WK1: 2 (10/28/25-11/01/25) ,WK2: 2 (11/02/25-11/08/25)

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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, #1 - Observable Surgical Wound - Anterior Left Hip - Surgical Dehiscence: Dressing Change Frequency: Daily, PRN Clean Wound With: Cleanse with Vashe Primary Treatment: Santyl, Calcium alginate, Skin prep surrounding tissue or periwound Other Dressings: Bordered Dressing

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Dressing Change Frequency: Daily, PRN Clean Wound With: Cleanse with Vashe Primary Treatment: Santyl, Calcium alginate, Skin prep surrounding tissue or periwound Other Dressings: Bordered Dressing, teach/coordinate/arrange medication packaging and/or administration

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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 promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To get stronger and ambulate with minimal assistance

GOALS
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 promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* 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 is adequately supervised

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/28/2025

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patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (10/28/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 Dyspnea, 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, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To walk with out device

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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

Walk 10 Feet - 06. Independent

OT Careplans

OT WK2: 1 (11/02/25-11/08/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: equipment training, work simplification/energy conservation, transfers training, assist with transferring, assist with mobility, therapeutic exercises

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

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/28/2025

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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 - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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