Home Health Certification and Plan of Care

Order ID: 1150/12347

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36313810	09/15/2025	From: 09/15/2025 To: 11/13/2025	17359	217058

6. Patient's Name and Address
Robert Wright
205 A. Boxwood Road,
ANNAPOLIS, MD 21403-
443-994-9599

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 05/27/1950 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	09/15/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	09/15/25
E11.9	Type 2 diabetes mellitus without complications	09/15/25
I10.	Essential (primary) hypertension	09/15/25
F31.9	Bipolar disorder unspecified	09/15/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/15/25
D50.9	Iron deficiency anemia unspecified	09/15/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/15/25
F41.9	Anxiety disorder unspecified	09/15/25
J45.20	Mild intermittent asthma uncomplicated	09/15/25
E78.2	Mixed hyperlipidemia	09/15/25
E66.811	Obesity class 1 (E66.811	09/15/25
Z68.30	Body mass index [BMI] 30.0-30.9 adult	09/15/25
Z79.51	Long term (current) use of inhaled steroids	09/15/25

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

MANDELAMINE 0.5 g , Take 1 Tablet by mouth four times a day Take 1 Tablet (0.5g total) by mouth 4 times daily
Microzide - Hydrochlorothiazide 12.5 MG , Take 1 Capsule by mouth once a day Take 1 Capsule (12.5 mg total) by mouth daily
Norvasc - Amlodipine Besylate 5 MG , Take1 Tablet by mouth once a day Take1 Tablet (5 mg total) by mouth daily
fluticasone-salmeterol (WIXELA INHUB) 250-50 MCG/ACT dlskus inhaler 250-50 MCG/ACT , INHALE 1 PUFF INTO THE LUNGS inhalant every 12 hours INHALE 1 PUFF INTO THE LUNGS EVERY 12 HOURS
Zocor - Simvastatin 40 MG , TAKE 1 TABLET by mouth at bedtime TAKE 1 TABLET (40 MG TOTAL) BY MOUTH NIGHTLY, AT BEDTIME
Ventolin Hfa - Albuterol Sulfate 108 (90 Base) MCG/ACT , INHALE 2 PUFFS (inhaler) inhalant every 4 hours INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZE
Ativan - Lorazepam 0,5 MG , TAKE 2.5 TABLETS by mouth once a day TAKE 2.5 TABLETS BY MOUTH PER DAY AS NEEDED
Celebrex - Celecoxib 200 MG , Take 1 Capsule by mouth once a day Take 1 Capsule (200 mg total) by mouth daily
Proscar - Finasteride 5 MG , take 1 Tablet by mouth once a day Take 1 Tablet (5 mg total) by mouth dally
Ecotrin - Aspirin 81 MG , Take 1 Tablet by mouth twice a day Take 1 Tablet (81 mg total) by mouth 2 times daily
Duricef - Cefadroxil/Cefadroxil Hemihydrate 500 MG , Take 1 Capsule by mouth twice a day Take 1 Capsule (500 Take 1 Capsuie (soo mg total) by mouth 2 times dally for 5 days
Ildocalne 4 % patch 4 % patch , Place 1 Patch onto the skin topical every 12 hours Place 1 Patch onto the skin on In AM, remove in PM over 12 hours for 14 days
Robaxin - Methocarbamol 750 MG , Take 1 Tablet by mouth three times a day Take 1 Tablet (750 mg total) by mouth 3 times daily as needed for Muscle Spasms for up to 10 days
zOFRAN-ODT (ondansetron) 4 MG , Take 1 Tablet by mouth every 6 hours Take 1 Tablet (4 mg total) by mouth every 6 Hours as needed for up to 5 days
Senokot-S - Senna 8.6-50 MG , Take 2 Tablets by mouth twice a day Take 2 Tablets by mouth 2 times daily Recommend bowel reglmen while on narcotic medicatlon. Hold for loose stool.
Iron - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG , Take 1 Tablet by mouth once a day ake 1 Tablet (325 mg total) by mouth dally in the morning
Lithium - Lithium Carbonate 300 MG , Take 1 Capsule by mouth twice a day Take 1 Capsule (300

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Crystal Randall
630 S Exeter St.
Baltimore, MD 21202
PHONE: 443-481-1150 FAX: 14102240065 NPI: 1598262453

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 : 09/08/2025

27. Attending Physician's Signature and Date Signed **10/15/2025**: 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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mg total) by mouth 2
times daily
Bactroban - Mupirocin Apply 2 % ointment to nostrils topical twice a day Apply topically to
nostrils twice dally 3
days pre op/ am of
surgery/ 5 days post op
Prilosec - Omeprazole 20 MG , Take 1 Tablet by mouth at bedtime Take 1 Tablet (20 mg
total) by mouth nightty,
at bedtime
probiotics Take 1 Tablet by mouth in the morning Take 1 Tablet by mouth daily in the morning
Desyrel - Trazodone Hydrochloride 100 MG , Take 1 Tablet by mouth at bedtime Take 1 Tablet (100
mg total) by mouth nightly, at bedtime
Cyanocobalamin - Cyanocobalamin 500 MG , Take 1 Tablet by mouth once a day Take 1 Tablet (500 mcg total) by mouth daily
cHOLECALCEFEROL (Vitamin D3) 25 MCG (1000 UT) , Take 1 Tablet by mouth once a day Take 1 Tablet (25 mcg
total) by mouth daily
fluticasone-salmeterol (Wixeia Inhub) 250-50 MCG/ACT , INHALE 1 PUFF INT THE LUNGS inhalant every 12 hours INHALE 1 PUFF INT
THE LUNGS EVERY 12
HOURS.
Neurontin - Gabapentin 100 MG , Take 1 Capsule by mouth three times a day Take 1 Capsule (100 mg total) by mouth 3
times daily
Oxycodone And Acetaminophen - Acetaminophen: Oxycodone Hydrochloride 325 mg;10 mg 1 tab by mouth every 4 hours As needed for post op pain of knee

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

15. Safety Measures:
transfer with assist, hand rails, , diabetic precautions, avoid temperature extremes, ambulates with device, , emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , , bathroom safety,

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing

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

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Left Total Knee 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: The patient is a 75-year-old male who underwent a left total knee replacement (TKR) performed by Dr. MacDonald on September 2, 2025. He was hospitalized for six days following the procedure and has since returned home, where he resides with his significant other, Cristina, who provides assistance with his care on a continuous basis. At the time of the start of care visit, consents were obtained, and a comprehensive physical therapy evaluation was completed. The patient requires skilled physical therapy services to address post-operative pain management, decreased range of motion, weakness, and functional limitations related to mobility, transfers, and gait safety. Education was initiated regarding safe use of assistive devices, importance of adherence to prescribed home exercise program, pain management strategies, and fall prevention. The plan of care will focus on progressive strengthening, range of motion exercises, functional mobility training, and gait retraining with the ultimate goal of restoring independence and maximizing recovery following surgery.
 Date of Order 09/15/2025 Orders Physician Face-to-Face Date: 09/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Left Total Knee 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
 1 - SOC - PT Notes: soc Physician Randall, Crystal

SN Careplans

SN Goals

Signature of Physician:

Date

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

Date
09/15/2025

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PT Careplans

PT WK1: 3 (09/15/2025 - 09/20/2025), WK2: 2 (09/21/2025 - 09/27/2025), WK3: 2 (09/28/2025 - 10/04/2025)

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; 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.

; 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: 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, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, D0160 - Depression, M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, limited strength, swelling of affected area, limited range of motion, muscle weakness, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee - Currently covered with non removable dressing to be removed by MD on 9/16/25

09/15/2025

PT Goals

PATIENT-STATED GOAL: I want to get back up on my feet and enjoy my new Knee

GOALS
Toilet Transfer - 06. Independent

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

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

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
* 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

Car Transfer - 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/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/15/2025

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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: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: L knee surgical site, dressing to be removed by MD on 9/16/25, home exercise program: Supine therex, ankle pump, quad set, gluteal set, heel slide, straight leg raise. Seated therex, hip flexion, Long Arc Quad, hip abduction and pillow squeeze. Standing therex with biaxial support, mini squat, heel raise, hip flexion, hip abduction, hip extension and leg curls. Copy of HEP left in home with instructions to complete twice/day., therapeutic modalities, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention, 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, * 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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 - 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

* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

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

Signature of Physician:

Date

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

Date
09/15/2025