Home Health Certification and Plan of Care

Order ID: 1150/13719

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
361039558	10/30/2025	From: 10/30/2025 To: 12/28/2025	18322	217058

6. Patient's Name and Address

Judith Hake
3363 Lowman Ln,
UNION BRIDGE, MD 21791-
301-802-5332

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 06/06/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	10/30/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	10/30/25
M51.379	Other intervertebral disc degeneration lumbosacral region	10/30/25
I70.0	Atherosclerosis of aorta	10/30/25
E78.00	Pure hypercholesterolemia unspecified	10/30/25
M85.80	Oth disrd of bone density and structure unspecified site	10/30/25
D50.9	Iron deficiency anemia unspecified	10/30/25
G62.0	Drug-induced polyneuropathy	10/30/25
M41.9	Scoliosis unspecified	10/30/25
S22.31XD	Fracture of one rib right side subs for fx w routn heal	10/30/25
T45.1X5S	Adverse effect of antineopl and immunosup drugs sequela	10/30/25
I83.90	Asymptomatic varicose veins of unspecified lower extremity	10/30/25
F41.9	Anxiety disorder unspecified	10/30/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/30/25
F34.1	Dysthymic disorder	10/30/25
Z90.710	Acquired absence of both cervix and uterus	10/30/25
Z90.722	Acquired absence of ovaries bilateral	10/30/25
Z85.42	Personal history of malignant neoplasm of oth prt uterus	10/30/25
Z87.891	Personal history of nicotine dependence	10/30/25
Z91.81	History of falling	10/30/25
Z92.21	Personal history of antineoplastic chemotherapy	10/30/25

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

Lidocaine - Lidocaine 4 % Patch, Apply 1 Patch topical every 12 hours Apply 1 Patch to skin daily for 6 days may remain in place for up to 12 hours in a 24-hour period

Neurontin - Gabapentin 800 mg 100 mg, Take 1 to 3 capsules by mouth three times a day Take 1 to 3 capsules by mouth up to 3 times a day as needed for anxiety, pain or sleep

Meloxicam - Meloxicam 15 mg 15mg by mouth once a day Take 1x daily with food

Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary Taking as needed for pain

Docusate Sodium - Docusate Sodium 100mg by mouth once a day Taking as needed for constipation

Tylenol - Acetaminophen 500 mg, Take 2 tablets by mouth twice a day Take 2 tablets by mouth 2 times a day as needed for pain for up to 7 days

Lipitor - Atorvastatin Calcium eq 10 mg base 10 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection

Aspirin - Aspirin 81mg by mouth once a day Blood thinner post op

14. DME and Supplies:

cane, walker

15. Safety Measures:

hip precautions, bathroom safety, medication safety, standard precautions, fall precautions, infectious material management, bleeding precautions, transfer with assist, ambulates with assistance, ambulates with device, walker precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

sulfa thimerosal

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Cane, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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

family/caregiver 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephen Ilario
655 Watkins Mill Rd
Gaithersburg, MD 20879
PHONE: FAX: NPI: 1164425419

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.

Home Health Certification and Plan of Care

Order ID: 1150/13719

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
361039558	10/30/2025	From: 10/30/2025 To: 12/28/2025	18322	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Judith Hake 3363 Lowman Ln, UNION BRIDGE, MD 21791- 301-802-5332	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 73-year-old female, alert and oriented 4, evaluated at home following a recent total right hip replacement. She reports right hip pain rated 7/10 and notes having fallen the previous day after losing balance when standing, though she denies new pain or visible injury. On assessment, the patient was seated in a recliner with mild discomfort but no acute distress. The right hip dressing was clean, dry, and intact with no redness, drainage, or bruising noted. Mild postoperative swelling was observed in the right leg, with palpable pedal pulses and capillary refill under three seconds. She ambulated a short distance with a walker and standby assistance. Vital signs were stable. The patient lives with her husband and receives caregiver support several days per week. Education was provided on fall precautions, infection prevention, and maintaining dressing integrity until her follow-up appointment with Dr. Stephan Ilario in two weeks. Postoperative findings are consistent with the patient's stage of recovery, including pain, swelling, decreased right hip range of motion, bilateral lower extremity weakness (greater on the surgical side), and impaired balance. She demonstrates reduced endurance and requires assistance with transfers and ambulation using a walker, exhibiting an antalgic gait and limited weight bearing on the right side. The patient also reports difficulty with bed mobility, negotiating stairs, and prolonged standing due to pain and weakness. Skilled physical therapy is recommended to improve strength, range of motion, gait, and functional mobility, promoting safe ambulation and reducing fall risk. The patient's homebound status is supported by limited mobility, increased fall risk, and the need for assistance to leave her residence safely for medical appointments.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/30/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/21/2025
 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<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes: <o:p></o:p> Physician: Ilario, Stephen

SN Careplans

SN WK1: 1 (10/30/25-11/01/25) ,WK3: 1 (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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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: D0160 - Depression, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, constipation, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, #1 - Observable Surgical Wound - Anterior Right Hip -

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 surgical joint site- Do not remove the dressing. Dressing to be removed at Post Op visit with the Surgeon. If dressing is saturated or any other issues with the dressing, patient to go to the surgeons office for examination and replacement of the dressing., teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose,

SN Goals

PATIENT-STATED GOAL: "To walk without an assistive device"

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 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
* 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
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/30/2025

Home Health Certification and Plan of Care

Order ID: 1150/13719

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
361039558	10/30/2025	From: 10/30/2025 To: 12/28/2025	18322	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Judith Hake 3363 Lowman Ln, UNION BRIDGE, MD 21791- 301-802-5332	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (10/30/25-11/01/25) ,WK2: 3 (11/02/25-11/08/25) ,WK3: 2 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

PROCEDURES: HEP: Home Exercise Program (HEP): Ankle Pumps - 10-15 reps hourly to promote circulation and reduce swelling. Quad Sets - Tighten thigh muscle, hold 5 seconds, relax. 10-15 reps, 2-3x/day. Glute Sets - Squeeze buttocks, hold 5 seconds, relax. 10-15 reps, 2-3x/day. Heel Slides - Bend knee within pain-free range, 10 reps, 2x/day. Standing Hip Abduction - Hold onto counter, move leg out to side, 10 reps, 2x/day. Gait Training - Practice short walks with walker, focus on upright posture and even step length. Precautions: Follow hip precautions, avoid twisting or crossing legs, and use walker for all ambulation until cleared by Surgeon., B LE strengthening, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, 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, 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

PT Goals

PATIENT-STATED GOAL: TO get to outpatient ontime

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

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

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

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

12 Steps - 05. Setup or clean-up assistance

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

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/30/2025