Home Health Certification and Plan of Care

Order ID: 1150/13931

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
71159187	11/11/2025	From: 11/11/2025 To: 01/09/2026	19009	217058

6. Patient's Name and Address
Troy Danley
3501 St Paul St Apt 402,
BALTIMORE, MD 21218-
202-210-5160

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 10/10/1962 | **9.Sex** Male

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

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	11/11/25
I51.7	Cardiomegaly	11/11/25
F90.9	Attention-deficit hyperactivity disorder unspecified type	11/11/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/11/25
K42.9	Umbilical hernia without obstruction or gangrene	11/11/25
F43.20	Adjustment disorder unspecified	11/11/25
K76.89	Other specified diseases of liver	11/11/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/11/25
R73.03	Prediabetes	11/11/25
R35.1	Nocturia	11/11/25

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

Colace - Docusate Sodium 100mg ; 1 tab by mouth twice a day bowel regimen
Asa 81 Mg - Aspirin 81mg; 1 tab by mouth twice a day post left hip replacement
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1tab by mouth as necessary every 4 hours as needed for pain
Tylenol Es 500 Mg - Acetaminophen 500mg; 1 tab by mouth as necessary for pain

14. DME and Supplies:
walker, cane

15. Safety Measures:
ambulates with device, walker precautions, , transfer with assist, supervision at all times, hip precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
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: 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, 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 63-year-old female who is status post left total hip replacement performed on 11/10/25 for osteoarthritis of the left hip. Her past medical history includes osteoporosis, prediabetes, an umbilical hernia, a liver nodule, cardiomegaly, and nocturia. She resides at home with her spouse, who currently assists with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Skilled nursing services are scheduled at a frequency of once weekly for two weeks, in addition to physical therapy evaluation and treatment. At today's visit, the patient was alert and oriented 3. She reported left hip pain rated 4/10 and had taken oxycodone prior to the visit for pain control. She denied shortness of breath, and lung sounds were clear throughout. The left hip incision site was covered with a non-removable postoperative dressing that was clean, dry, and intact. The patient ambulates with a rolling walker. A comprehensive medication review was completed, and education was provided regarding effective pain management strategies and adherence to postoperative precautions. Both the patient and spouse verbalized understanding. The therapist further reviewed post-surgical hip precautions, including avoiding excessive hip flexion, internal rotation, and adduction, and reinforced the need to maintain a pillow between the legs during sleep. Additional instruction was given on positioning to elevate the left leg above heart level to reduce swelling. Functionally, the patient is able to ambulate indoors for 25 feet 2 with supervision, though she exhibits difficulty lifting the left leg and compensates by sliding her foot along the floor. She requires frequent cues for gait sequencing. Bed mobility requires moderate assistance for transitions between sitting and supine, with the spouse receiving instruction and successfully demonstrating proper assist techniques. Sit-to-stand transfers from the bed required cues to maintain left leg extension. Toilet transfers were completed with supervision and verbal cueing. A commode was recommended for safety and reduced fall risk. The therapist also advised the patient to wear supportive shoes during all ambulation to promote stability. The patient tolerated 10 repetitions of therapeutic exercises in both sitting and supine positions. Her functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed a Tinetti score of 10/28, indicating a high risk for falls and supporting the determination that she is homebound due to the significant effort required to leave the home. Ongoing home physical therapy is recommended to improve strength, mobility, balance, and safety in order to facilitate return to prior levels of independence.
 Date of Order 11/11/2025 Orders Physician Face-to-Face Date: 11/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip Replacement 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 - SN Notes: soc PT Eval Notes: eval
 Physician Huang , James

SN Careplans

SN WK1: 1 (11/11/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25)

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: 10. None of the above

SN Goals

PATIENT-STATED GOAL: TO MOVE AROUND WITHOUT PAIN

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Huang
8028 Ritchie Hwy
Pasadena, MD 21122
PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709

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 : 11/03/2025

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: 1150/13931

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
71159187	11/11/2025	From: 11/11/2025 To: 01/09/2026	19009	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Troy Danley 3501 St Paul St Apt 402, BALTIMORE, MD 21218- 202-210-5160	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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: M2020 - Oral Med Management, Home Safety, meal preparation, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Hip - NONREMOVABLE DRESSING

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: S//PT TO REMOVE LEFT HIP DRESSING POST OP DAY 7. KEEP OPEN TO AIR.

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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 3 (11/11/25-11/15/25) ,WK2: 2 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, 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: Home exercise program : Supine quad sets, glut sets, hip flexion, bridging. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps., Bed mobility training , Hip precautions training, equipment training, 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.

PT Goals

PATIENT-STATED GOAL: Be able to walk like normal without pain

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

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

Toilet Transfer - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Car Transfer - 04. Supervision or touching 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

Lower Body Dressing - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/11/2025

Home Health Certification and Plan of Care

Order ID: 1150/13931

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
71159187	11/11/2025	From: 11/11/2025 To: 01/09/2026	19009	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Troy Danley 3501 St Paul St Apt 402, BALTIMORE, MD 21218- 202-210-5160	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Independent, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, 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 - 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

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching 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

Toileting Hygiene - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/11/2025