Home Health Certification and Plan of Care

Order ID: 1150/13997

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
51194775	11/12/2025	From: 11/12/2025 To: 01/10/2026	18673	217058

6. Patient's Name and Address

George Devoe
2410 Chestnut Terrace Ct,
ODENTON, MD 21113-
585-313-8846

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 11/01/1946 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	11/12/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	11/12/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/12/25
N18.31	Chronic kidney disease stage 3a	11/12/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/12/25
I48.91	Unspecified atrial fibrillation	11/12/25
J45.909	Unspecified asthma uncomplicated	11/12/25
I71.21	Aneurysm of the ascending aorta without rupture	11/12/25
N52.8	Other male erectile dysfunction	11/12/25
I44.0	Atrioventricular block first degree	11/12/25
M10.9	Gout unspecified	11/12/25
E78.5	Hyperlipidemia unspecified	11/12/25
I34.0	Nonrheumatic mitral (valve) insufficiency	11/12/25
J30.0	Vasomotor rhinitis	11/12/25
F41.9	Anxiety disorder unspecified	11/12/25
E55.9	Vitamin D deficiency unspecified	11/12/25
K31.A19	Gastric intestinal metaplasia without dysplasia unsp site	11/12/25
R73.03	Prediabetes	11/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/12/25
Z79.01	Long term (current) use of anticoagulants	11/12/25
Z79.51	Long term (current) use of inhaled steroids	11/12/25
Z87.891	Personal history of nicotine dependence	11/12/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/12/25
Z86.0100	Personal history of colonic polyps	11/12/25

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

Singulair - Montelukast Sodium 10 mg, take 1 tablet by mouth in the evening Take 1 tablet by mouth every evening
Aldactone - Spironolactone 25 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Zetia - Ezetimibe 10 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Mycobutin - Rifabutin 150 mg, take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day for 14 days. Avoid grapefruit products with this medicine.
(Treatment with amoxicillin, OTC omeprazole)
Omeprazole Magnesium - Omeprazole Magnesium 20 mg , take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day 30 minutes to 1 hour prior to breakfast and dinner for 14 days
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit), take 1 capsule by mouth as necessary Take 1 capsule by mouth every 7 days
Debrox - Debrox 6.5 % Otic Drop, Instill 5 Drops into affected ear otic twice a day Instill 5 Drops into affected ear(s) 2 times a day
Fluticasone - Fluticasone Furoate 50 mcg, Use 1 Spray nasal once a day Use 1 Spray in each nostril daily
Pantoprazole - Pantoprazole Sodium 40 mg, take 1 tablet by mouth twice a day take 1 tablet by mouth 2 times a day
Zoloft - Sertraline Hydrochloride 25 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Eliquis - Apixaban 5 mg, take 1 tablet by mouth twice a day Take 1 Tablet (5 mg total) by mouth 2 times daily
Lipitor - Atorvastatin Calcium 40 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Verapamil - Verapamil Hydrochloride 120 mg, take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily At 10pm
Cozaar - Losartan Potassium 50 mg, take 1 tablet by mouth once a day

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Victoria Clark
1221 Mercantile Ln
Largo, MD 20774
PHONE: 301-618-5500 FAX: NPI: 1619362183

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 : 10/27/2025

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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Take 1 tablet
by mouth
daily
Clonidine - Clonidine 0.1 mg/24 hr TD Weekly Patch, apply 1 patch topical once a week Apply 1 Patch
to skin every
7 days
Budesonide Formoterol 80-4.5 mcg, Inhale 2 Puffs inhalant twice a day Inhale 2 Puffs
by mouth 2
times a day
Per Dr. Len
Astelin - Azelastine Hydrochloride 137 mcg (0.1 %) Nasl Spray, use 1 spray nasal twice a day Use 1 Spray
in each nostril
2 times a day
Fenofibrate - Fenofibrate 160 mg, take 1 tablet by mouth once a day Take 1 tablet
by mouth
daily
Tylenol - Acetaminophen 325 mg , take 1 tablet by mouth every 4 hours Take 1 tablet
by mouth
every 4 hours
as needed for
pain
Oxaydo - Oxycodone Hydrochloride 5mg by mouth every 6 hours

14. DME and Supplies:

walker, commode, cane

15. Safety Measures:

fall precautions, infectious material management, avoid temperature extremes, walker precautions, hip precautions, bathroom safety, ambulates with device, anticoagulant precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

asprin lovastatin

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Up As Tolerated, Cane, Crutches, Walker

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: 1. Rarely, 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 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 79-year-old male who underwent a left posterior total hip replacement on 11/10/25. He is alert and oriented 4 and has a past medical history significant for hypertension, hyperlipidemia, atrial fibrillation, gout, GERD, prediabetes, vitamin D deficiency, left hip arthritis, asthma, depression, and anosmia/ageusia. The patient lives with his wife and son, who provide continuous assistance at home. He uses a walker and cane for mobility and reports shortness of breath with exertion but denies chest pain, palpitations, or dizziness. Vital signs are stable, lung sounds clear with diminished bases, bowel and bladder function are normal, and pedal pulses are present. The surgical site dressing is clean and intact; patient education on wound care, infection and DVT signs, incentive spirometer use, edema management, pain control, and home safety was provided and understood. He was instructed on hip precautions, including no bending greater than 90 degrees, no crossing the midline, and use of an abduction pillow. Physical therapy evaluation revealed decreased endurance, lower extremity strength deficits, unsteady gait, difficulty with transfers, decreased functional mobility, balance deficits, and a history of falls, placing him at high risk for future falls and functional decline. The patient demonstrated the ability to perform supine therapeutic exercises, ankle pumps, quad and gluteal sets, heel slides, and PROM of the left hip, requiring minimal assistance or supervision for safe transfers and ambulation with a walker. Home exercise program and safe mobility strategies were reviewed, including bed mobility, sit-to-stand transfers, and short ambulation sessions to promote circulation and prevent complications. Pain is well controlled with current medications, and instructions were given to take medications prior to therapy sessions. A home PT plan of care was developed in collaboration with the patient and caregivers, with scheduled visits beginning 11/12/25, progressing from multiple weekly visits to outpatient therapy starting 11/25/25, with follow-up with Dr. Victorie Clark on 11/24/25.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/12/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/27/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to 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:<o:p></o:p> Physician: Clark, Victoria

SN Careplans

SN Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/12/2025

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SN WK1: 1 (11/12/25-11/15/25) ,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: 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, wheezing, abn cholesterol > 200 mg/dL, abnormal blood pressure, heartburn/indigestion, constipation, muscle weakness, limited strength, limited endurance, muscle spasms, limited range of motion, swelling of affected area, Pain Interference with Therapy activities, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, loss of appetite, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Left Hip -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: 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, monitor intake & output, 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, schedule, * how to take the patient's blood pressure record the reading, 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * symptom management avoidance of conditions that exacerbate allergy, 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to

PATIENT-STATED GOAL: I want to walk 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
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* 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 manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* symptom management
* avoidance of conditions that exacerbate allergy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines
* lifestyle modifications to manage gastric condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/12/2025

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manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 2 (11/12/25-11/15/25) ,WK2: 3 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, Seated-LAQ pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip ext, leg curls., therapeutic modalities: apply ice to L hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control: Review signs and symptoms of infection of incision/wound, including fever, chills, redness, swelling, pain, bleeding, or any discharge from the surgical site. Nausea or vomiting that does not get better, or pain that does not get better with medication., assist with fall prevention

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, 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 - 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

PT Goals

PATIENT-STATED GOAL: i want to get walking like I used to

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Toilet Transfer - 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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

Eating - 06. Independent

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching 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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/12/2025