Home Health Certification and Plan of Care

Order ID: 1150/14315

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5T78GJ9QA26	11/24/2025	From: 11/24/2025 To: 01/22/2026	19532	217058

6. Patient's Name and Address
Rhonda Ewart
3538 Miller Road,
STREET, MD 21154-
4439875525

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 02/29/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	11/24/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.661	Presence of right artificial ankle joint	11/24/25
Z47.89	Encounter for other orthopedic aftercare	11/24/25
M54.16	Radiculopathy lumbar region	11/24/25
M79.7	Fibromyalgia	11/24/25
G62.9	Polyneuropathy unspecified	11/24/25
E78.5	Hyperlipidemia unspecified	11/24/25
E66.01	Morbid (severe) obesity due to excess calories	11/24/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	11/24/25
Z96.653	Presence of artificial knee joint bilateral	11/24/25
Z96.612	Presence of left artificial shoulder joint	11/24/25
Z79.82	Long term (current) use of aspirin	11/24/25
Z96.1	Presence of intraocular lens	11/24/25

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

Aspirin 325Mg - Aspirin 325 mg 1 tab by mouth once a day
Docusate - Docusate Sodium 50 mg-8.6 mg Tab 1 tab by mouth twice a day
Gabapentin - Gabapentin 300 mg Cap 300 mg 1 cap by mouth three times a day
Pantoprazole - Pantoprazole Sodium 40 mg EC Tab 40 mg 1 tab by mouth once a day
acet-HYDROcodone 325 mg-5 mg Tab 1 tab, PO, q4h 325 mg-5 mg Tab 1 tab by mouth every 4 hours acet-HYDROcodone 325 mg-5 mg Tab 1
tab, PO, q4h
Indication: Pain
PRN Reason: pain, severe (7 to 10)
Acetaminophen - Acetaminophen 325 mg Tab 325 mg 1 tab by mouth every 6 hours acetaminophen 325 mg Tab 325 mg 1
tab, PO, q6h
Indication: Pain
PRN Reason: pain, moderate (4 to 6)
Melatonin - Melatonin 3 mg Tab 3 mg 1 tab by mouth at bedtime melatonin 3 mg Tab 3 mg 1 tab, PO,
Nightly
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 3350 Oral Pwd 17 gm 17 gm by mouth once a day polyethylene glycol 3350 Oral Pwd 17 gm
17 gm, PO, Daily
Indication: Constipation
PRN Reason: constipation

14. DME and Supplies:
commode, rolling walker, wheelchair

15. Safety Measures:
non-weight bearing RLE, activity supervision, ambulates with device, ambulates with assistance,

16. Nutrition:
regular

17. Allergies:
demoral percocet morphine oxycodone adhesive bandage cats & dogs Papaya

18.A. Functional Limitations
Ambulation,

18.B. Activities Permitted
Wheelchair, , Walker, Up As Tolerated

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
patient will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

Homebound status:
After undergoing Right Total Ankle Arthroplasty With Prophylactic Fixation Of The Medial Malleolus, 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 69-year-old female with a past medical history significant for osteoarthritis and hyperlipidemia who is status post right total ankle arthroplasty with prophylactic fixation of the medial malleolus (ORIF) performed on 10/30/2025. She was discharged to home to reside with her daughter and family and is currently non-weight-bearing on the right lower extremity and immobilized in a postoperative splint; pain is being managed with a multimodal analgesic regimen. Prior to surgery she was independent with basic self-care, transfers, and ambulation using a cane; since surgery she demonstrates decreased standing balance and standing tolerance, reduced bilateral upper-extremity strength and activity tolerance, and consequent limitations in self-care, transfers, and functional mobility. The right lower-extremity surgical site remains protected per physician orders and NWB precautions were reinforced during teaching. Skilled occupational therapy services are recommended to address safe ADL retraining, adaptive techniques, upper-extremity strengthening, transfer training, and progressive functional mobility within NWB restrictions; home safety education, fall-prevention strategies, and a home exercise program for safe transfer technique were provided to the patient and family. Plan of care includes initiation of OT, ongoing skilled nursing to monitor incision/wound status and reinforce NWB and pain management, coordination for needed DME (e.g., elevated toilet seat, mobility aids) and reassessment of the need for PT as mobility goals evolve.
 Date of Order 11/24/2025 Orders Physician Face-to-Face Date: 11/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Right Total Ankle Arthroplasty With Prophylactic Fixation Of The Medial Malleolus 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 OT Eval Notes: Physician Wild, Mark

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mark Wild
2 North Ave
Belair, MD 21014
PHONE: 4108386434 FAX: 14108385267 NPI: 1679578207

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 : 11/05/2025

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/24/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 2 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26) ,WK7: 1 (01/04/26-01/10/26)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: NWB on the rt le Straight leg raising ,le abd/add, long arc , marching , heel/toe raising--10x2 reps, 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, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, 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: To walk again with out device and get back to her bedroom

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/24/2025

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OT WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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 : Medication reviewed with patient and caregiver , equipment training, work simplification/energy conservation, assist with bathing, assist with lower body dressing, assist with upper body dressing, 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, 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

PATIENT-STATED GOAL: I want to bake bread in my kitchen

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

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/24/2025