Home Health Certification and Plan of Care

Order ID: 1150/14318

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
841003374	11/25/2025	From: 11/25/2025 To: 01/23/2026	19154	217058

6. Patient's Name and Address

Cheryl Fentress
7000 Prout Rd,
FRIENDSHIP, MD 20758-
443-404-7334

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 12/07/1959 **9.Sex** Female

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

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	11/25/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	11/25/25
N18.31	Chronic kidney disease stage 3a	11/25/25
D63.1	Anemia in chronic kidney disease	11/25/25
J44.9	Chronic obstructive pulmonary disease unspecified	11/25/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/25/25
K64.8	Other hemorrhoids	11/25/25
F32.A	Depression unspecified	11/25/25
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	11/25/25
R91.1	Solitary pulmonary nodule	11/25/25
F10.21	Alcohol dependence in remission	11/25/25
F14.21	Cocaine dependence in remission	11/25/25
E78.00	Pure hypercholesterolemia unspecified	11/25/25
R00.1	Bradycardia unspecified	11/25/25
Z79.82	Long term (current) use of aspirin	11/25/25
Z86.0100	Personal history of colonic polyps	11/25/25
Z96.641	Presence of right artificial hip joint	11/25/25
Z86.718	Personal history of other venous thrombosis and embolism	11/25/25
Z87.891	Personal history of nicotine dependence	11/25/25
Z91.81	History of falling	11/25/25

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

Wellbutrin Xl - Bupropion Hydrochloride 300 mg Oral 24hr XL Tab,Take 1 tablet by mouth once a day
Norvasc - Amlodipine Besylate 5 mg Oral Tab,Take 2 tablets by mouth once a day
Fosamax - Alendronate Sodium 70 mg Oral Tab,Take 1 tablet by mouth in the morning every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medicatio
Diclofenac Sodium - Diclofenac Sodium 1 % Top Gel,Apply 4 Grams topical four times a day affected area
Zoloft - Sertraline Hydrochloride 50 mg Oral Tab,Take 3 tablets by mouth once a day
Desyrel - Trazodone Hydrochloride 100 mg Oral Tab,Take 1 and onehalf tablets by mouth at bedtime
Tenormin - Atenolol 50 mg Oral Tab,Take 1 tablet by mouth once a day
Pravachol - Pravastatin Sodium 40 mg Oral Tab,Take 1 tablet by mouth in the evening to prevent heart
Calcium-Magnesium-Zinc 333-133 5 mg Oral Tab,Take 1 tablet by mouth three times a day
Lisinipril - Hydrochlorothiazide: Lisinopril 10 mg by mouth at bedtime 1 tab nightly
Extra Strength Tylenol - Acetaminophen 2 tablets by mouth every 6 hours 2 tabs every 6 hours, do not take more than 4000 mgs per day, for mild to moderate pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg by mouth every 6 hours 1 tab PO every 6 hours for moderate to severe pain

14. DME and Supplies:

rolling walker, hand held shower, bath bench, grab bars, cane

15. Safety Measures:

transfer with assist, hand rails, , , avoid temperature extremes, ambulates with device, , knee precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , restricted ROM, , bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

codeine gabapentin ibuprofen mevacor zocor

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Michael Nzeogu
1920 Ballenger Ave
Alexandria, VA 22314
PHONE: 301-618-5500 FAX: NPI: 1336520345

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 : 11/04/2025

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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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.

Homebound status: After undergoing Left Total Knee 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 65-year-old female who underwent a left total knee replacement on 11/24/2025 and returned home the same day with continuous family support. At the time of the start-of-care physical therapy evaluation, she demonstrated decreased endurance, reduced mobility, impaired knee strength, unsteady gait, diminished balance, and difficulty with transfers, all of which significantly increase her fall risk and limit her ability to safely leave the home without assistance and use of an assistive device. The home environment is supported by family caregivers, and the patient currently requires minimal assistance to standby assistance for safe transfers and bed mobility. Pain is well controlled with her prescribed medications. A comprehensive home safety and fall-prevention review was completed, including risk factors, environmental modifications, safe transfer mechanics, and proper walker use. The patient required cues for correct hand and foot placement, forward weight shifting during sit-to-stand transitions, and reaching back prior to sitting to ensure safe positioning. Education was also provided on edema management-including elevating the lower extremities above heart level during rest periods and use of compression garments if approved by her physician-as well as detailed review of infection signs such as fever, chills, increasing redness, swelling, drainage, or worsening pain. She verbalized understanding of the need to report nausea, vomiting, or unrelieved pain. Therapeutic exercise instruction included ankle pumps, quad sets, gluteal sets (120 each), and heel slides (110), with a written home exercise program left in the home and instructions to perform the exercises twice daily. Passive range-of-motion to the left knee was completed in the supine position. The patient ambulated on level surfaces with a walker under standby assistance and required cues regarding walker positioning, step length, and safety; she was advised to use the walker at all times during mobility. She was educated on the importance of short, frequent ambulation every 1-2 hours, beginning with 3-5-minute walks and gradually increasing duration as tolerated. Additional guidance included application of ice to the left knee for 20 minutes with appropriate skin checks every 5 minutes, as well as strategies for effective pain management, including taking analgesics at the onset of discomfort, monitoring for dizziness and constipation, and notifying emergency services or her provider for chest pain, shortness of breath, or uncontrolled pain. She was encouraged to take pain medication approximately one hour before therapy sessions to optimize participation. The patient will benefit from continued skilled home physical therapy to address strength, functional mobility, gait training, balance, endurance, safety awareness, and stair negotiation in order to restore independence and reduce fall risk. Without continued therapeutic intervention, she remains at risk for functional decline, falls, and loss of independence.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 11/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee 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 - PT Notes: soc - pt Physician Nzeogu, Michael

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/25/25-11/29/25) ,WK2: 3 (11/30/25-12/06/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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

PT Goals

PATIENT-STATED GOAL: I want to be able to wal and to bend my leg

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

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

Signature of Physician:

Date

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

Date: 11/25/2025

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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: GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, swelling of affected area, muscle weakness, limited range of motion, pain radiating to arms/legs, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left knee surgical site, dressing to be removed at Physician office., home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities, therapeutic modalities, gait training on uneven surfaces, gait training/stair training, transfers training

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is

* 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
* 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
* 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/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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
* 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 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, 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 - 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

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Sit to Stand - 06. Independent

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

Signature of Physician:	Date
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