# Home Health Certification and Plan of Care

**Order ID: 1150/14342**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 68170714 | 11/24/2025 | From: 11/24/2025 To: 01/22/2026 | 19152 | 217058 |

**6. Patient's Name and Address**

Suzanne Gallagher
11360 Tooks Way,
COLUMBIA, MD 21044-
443-618-6535

**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** 11/04/1942 **9.Sex** Female

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

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| Z96.652 | Presence of left artificial knee joint | 11/24/25 |
| N18.31 | Chronic kidney disease stage 3a | 11/24/25 |
| I70.0 | Atherosclerosis of aorta | 11/24/25 |
| E78.1 | Pure hyperglyceridemia | 11/24/25 |
| M67.431 | Ganglion right wrist | 11/24/25 |
| D47.3 | Essential (hemorrhagic) thrombocythemia | 11/24/25 |
| H26.9 | Unspecified cataract | 11/24/25 |
| H04.123 | Dry eye syndrome of bilateral lacrimal glands | 11/24/25 |
| R73.03 | Prediabetes | 11/24/25 |
| Z85.828 | Personal history of other malignant neoplasm of skin | 11/24/25 |
| Z87.891 | Personal history of nicotine dependence | 11/24/25 |

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

Jakafi - Ruxolitinib Phosphate 20 mg Oral Tab,Take 1 tablet by mouth twice a day
Nystatin - Nystatin 100,000 unit/mL Oral Susp,Take 5 mL by mouth twice a day Mix in water and swallow
Xalatan - Latanoprost 0.005 % Opht Drop,Instill 1 drop both eyes in the evening
Lidoderm - Lidocaine 5 % Top PTMD Patch topical every 12 hours Apply to painful area 12 hours on And off 12 hours
Miralax - Polyethylene Glycol 3350 Take 17 gram/dose Oral Powd, by mouth as necessary (Patient not taking: Reported on 6/25/2025)
Ultram - Tramadol Hydrochloride 50 mg Oral Tab,1-2 tabs by mouth by mouth every hour as needed for pain. (Patient not taking: Reported on 6/10/2025)
Zofran Odt - Ondansetron 4 mg Oral Rap Dis Tab,Dissolve 1 tablet by mouth every 8 hours s as needed for nausea or vomiting
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 by mouth every 6 hours
Aspirin 81Mg - Aspirin 1 tablet by mouth twice a day
Senna - Senna 1 tablet by mouth in the morning

**14. DME and Supplies:**

None of the above

**15. Safety Measures:**

knee precautions, bathroom safety, infectious material management, None of the above

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

egg white

**18.A. Functional Limitations**

Ambulation

**18.B. Activities Permitted**

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**20. Prognosis:** good

**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

**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 an 83-year-old female, recently status post a left total knee replacement, who was evaluated at home following discharge. She remains independent with seated self-care activities but requires caregiver assistance for all mobility-related tasks within the home due to persistent lower extremity weakness and activity-related fatigue. She ambulates with a walker; however, her endurance is limited, and she fatigues quickly during functional tasks, which places her at a moderate risk for falls. The home environment is clean, organized, and free of hazards that could impede safe ambulation or transfers.  During today's evaluation, extensive education was provided to both the patient and caregiver regarding post-operative care requirements, including proper wound management, recognition of signs of infection, and appropriate use of prescribed medications. Instruction was also given on the patient's individualized home exercise program, pain management strategies, fall prevention measures, and safe mobility techniques. The contents of the admission packet were reviewed in detail to ensure understanding of care expectations and available resources. Given her limited endurance and increased fatigue with longer distances, specialized transportation assistance was recommended for essential community mobility.  Based on current findings, the patient demonstrates a continued need for skilled home physical therapy to support recovery and reduce fall risk. The ongoing plan of care will focus on progressive lower extremity strengthening, improvement of dynamic balance, reinforcement of safe ambulation techniques using appropriate assistive devices, caregiver-assisted mobility training, and practice of functional transfers to promote safety, restore mobility, and optimize the patient's ability to perform daily activities within the home. <br> Date of Order 11/24/2025 Orders Physician Face-to-Face Date: 11/07/2025 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

**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**

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 : 11/07/2025

**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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requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc - PT <br> Physician Huang , James

## SN Careplans

## SN Goals

## PT Careplans

PT WK1: 3 (11/24/25-11/29/25) ,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 < 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, 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, GG0170D1 - Sit to Stand, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170P1 - Picking Up Object, M2020 - Oral Med Management, M1400 - Dyspnea, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: Medication Review- ; Medications reviewed with patient/caregiver - B.I.E.

## PT Goals

PATIENT-STATED GOAL: to transition to outpatient

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 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
* 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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 11/24/2025 |

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PROCEDURES: Medication Review * Medications reviewed with patient/caregiver. PLEE strengthening, Standing balance Training, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To left knee surgical site- 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., work simplification/energy conservation, 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 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, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
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