Home Health Certification and Plan of Care

Order ID: 1150/14440

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42154813	11/28/2025	From: 11/28/2025 To: 01/26/2026	19884	217058

6. Patient's Name and Address

Pauline Reese
3623 Derby SHire Circle,
WINDSOR MILL, MD 21244-
410-241-7910

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 11/17/1963 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T84.54XD	Infect/inflm reaction due to internal left knee prosth subs	11/28/25

13. ICD	Other Pertinent Diagnoses	Date
M16.12	Unilateral primary osteoarthritis left hip	11/28/25
G89.4	Chronic pain syndrome	11/28/25
E78.5	Hyperlipidemia unspecified	11/28/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/28/25
D50.9	Iron deficiency anemia unspecified	11/28/25
E87.6	Hypokalemia	11/28/25
E66.9	Obesity unspecified	11/28/25
R73.03	Prediabetes	11/28/25
Z68.33	Body mass index [BMI] 33.0-33.9 adult	11/28/25
Z96.641	Presence of right artificial hip joint	11/28/25

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

Tylenol #3 - Acetaminophen: Codeine Phosphate 650 mg, Tablet by mouth twice a day 650 mg, 2 times daily PRN
Lipitor - Atorvastatin Calcium 40 mg ,Tablet by mouth in the morning 40 mg, 1 time daily every morning
Neurontin - Gabapentin 300 mg, Tablet by mouth twice a day 300 mg, Oral, 2 times daily PRN, (Has not taken for months)
Protonix - Pantoprazole Sodium 40 mg, Tablet by mouth twice a day
Retin-A - Tretinoin 0.025 % cream,1 Application topical at bedtime
Maxzide - Hydrochlorothiazide: Triamterene 37.5-25 MG, 1 tablet by mouth once a day 1 tablet, 1 time daily
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 tablet by mouth every 6 hours for strong pain (>5/10)
Senna - Senna 1 tablet by mouth once a day for bowel movement
Asa 81 Mg - Aspirin 1 by mouth twice a day for clot prevention

14. DME and Supplies:

rolling walker, reacher

15. Safety Measures:

bleeding precautions, bathroom safety, medication safety, infectious material management, transfer with assist, sharps precautions, ambulates with assistance, emergency phone number prominently displayed, standard precautions, fall precautions, ambulates with device

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Infection and inflammatory reaction due to internal left knee prosthesis, subsequent encounter, 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 62-year-old female s/p left total knee replacement who presents with 7/10 baseline left knee pain, of which the MD is aware. She reports ongoing postoperative pain, stiffness, and limited tolerance to mobility activities. She demonstrates bilateral lower-extremity weakness, decreased standing tolerance, and reduced gait endurance. Her home environment is clean and free of safety hazards that would impact indoor ambulation. The patient remains at high risk for falls and will continue to follow standard fall precautions. She is currently Max A for bed mobility, transfers, and ambulation, requiring significant physical assistance for all functional mobility tasks. At this time, she is physically unable to leave the home safely due to postoperative pain, severe mobility limitations, and elevated fall risk. She requires a walker and caregiver assistance for all ambulation within the home and continues to demonstrate poor endurance, bilateral lower-extremity weakness, and limited ability to negotiate steps or perform safe vehicle transfers. Effective 11/28/25, her PT frequency is 1w1, 3w1 with this clinician. The patient is scheduled to transition to outpatient PT on 12/8.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 11/28/2025 <o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/19/2025
 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat DX: Infection and inflammatory reaction due to internal left knee prosthesis, subsequent encounter
 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 - PT Notes: <o:p></o:p> Physician: Lee, Shirley

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 11/19/2025

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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PT WK1: 1 (11/28/25-11/29/25) ,WK2: 3 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25)

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130G1 - Lower Body Dressing, 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, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, seated knee flexion/extension, and standing weight-shifting with walker support. Exercises to be performed 2-3 times daily as tolerated. Education provided on proper technique, pacing, and use of ice for 15-20 minutes after exercises to assist with pain and swelling., physician-ordered wound care: To 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., Medication Review, Medication Review- : Medications reviewed with patient/caregiver. , B LE strengthening, 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

PATIENT-STATED GOAL: to transition to outpatient

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

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

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

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

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

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Shower/Bathe Self - 01. Dependent

Toileting Hygiene - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/28/2025

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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, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 01. Dependent, Toileting Hygiene - 05. Setup or clean-up assistance, 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 - 05. Setup or clean-up assistance, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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