Home Health Certification and Plan of Care

Order ID: 1150/14667

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36576734	12/04/2025	From: 12/04/2025 To: 02/01/2026	19864	217058

6. Patient's Name and Address

Marion Turner
4109 Oakford Ave,
BALTIMORE, MD 21215-
410-501-8005

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 10/09/1952 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	12/04/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	12/04/25
I10.	Essential (primary) hypertension	12/04/25
E78.00	Pure hypercholesterolemia unspecified	12/04/25
F41.9	Anxiety disorder unspecified	12/04/25
F32.A	Depression unspecified	12/04/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	12/04/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/04/25
G43.909	Migraine unsp not intractable without status migrainosus	12/04/25
G47.30	Sleep apnea unspecified	12/04/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/04/25
Z87.891	Personal history of nicotine dependence	12/04/25

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

Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 5 mg by mouth once a day As needed for constipation
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG Tablet 1 tablet by mouth three times a day Muscle spasms
Docusate Sodium - Docusate Sodium 100 MG Capsule TAKE 1 CAPSULE by mouth twice a day TWICE DAILY Oral for constipation
Fenofibrate - Fenofibrate 145 MG, Tablet by mouth once a day Cholesterol
Gabapentin - Gabapentin 800 mg 800 MG Tablet by mouth as necessary Up to 3 times a day for pain
Metoprolol Succinate - Metoprolol Succinate 100 MG Tablet, by mouth once a day Blood pressure
Pantoprazole Sodium - Pantoprazole Sodium 40 MG Tablet , TAKE 1 TABLET by mouth once a day Gerd
Aspirin 81Mg - Aspirin 1 tablet by mouth twice a day Blood thinner
Celecoxib - Celecoxib 200 mg tablet by mouth once a day As needed for pain
Doxycycline - Doxycycline Hyclate eq 100 mg base 1 tablet by mouth twice a day Infection prevention
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg tablet by mouth every 4 hours As needed for pain
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2 gummies by mouth once a day Supplement
Elderberry 50 mg gummies, take 2 by mouth once a day Supplement
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5000 mcg by mouth once a day Supplement
Loratidine - Loratadine 1 tablet by mouth once a day As needed for allergies
Tussin Dm - Chlorpheniramine Polistirex: Hydrocodone Polistirex 20-200mg. Take 10mL by mouth every 4 hours As needed for cough
Beet root 500 mg gummies, take 2 by mouth once a day Supplement
Turmeric curcumin 1500 mg gummy by mouth once a day Supplement
Ginger root 550 mg by mouth once a day Supplement
Lasix - Furosemide 20 mg 1 tablet by mouth once a day Edema as needed
Timolol - Timolol 1 drop right eye at bedtime Vision deficit
Sleep aid 25 mg, take 3 by mouth at bedtime For sleep
Chloroheniramine Maleate And Phenylpropanolamine Hydrochloride - Chlorpheniramine Maleate: Phenylpropanolamine Hydrochloride 12 mg;75 mg 1 tablet by mouth every 6 hours As needed for cough
Zolpidem - Zolpidem Tartrate 5 mg 1 tablet by mouth at bedtime As needed for sleep

14. DME and Supplies:

wheelchair, rolling walker, cane, bath bench, commode, 4 wheeled walker

15. Safety Measures:

remove environmental barriers, , , emergency phone number prominently displayed, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin lisinopril

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

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 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 Arthroplasty, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/04/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Paul Apostolo
3449 Wilkens Ave
Baltimore, MD 21229
PHONE: 4103684851 FAX: 14106465128 NPI: 1295776730

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 : 10/20/2025

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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Clinical Condition Requiring Homecare:

The patient is a 73-year-old female who underwent a left total knee arthroplasty earlier this week. Prior to surgery, the patient was ambulating with a rollator for community mobility and using a single-point cane for stair negotiation. Upon initiation of physical therapy services, the patient demonstrates decreased strength and limited range of motion in the left knee, with measured ROM of approximately 75 degrees of flexion and a 10-degree extension lag. The patient currently requires significant assistance for transfers and is unable to ambulate due to postoperative pain. She is also unable to negotiate stairs at this time. Physical therapy provided instruction in seated knee extension and flexion exercises, along with education on the use of ice and prescribed pain medications to assist with pain management and swelling control. Skilled physical therapy services are indicated to address deficits in strength, range of motion, balance, and functional mobility to enhance safety and promote the patient's progression toward independence and return to her prior level of function.
 Date of Order 12/04/2025 Orders Physician Face-to-Face Date: 10/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Left Total Knee Arthroplasty 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
 Physician Apostolo, Paul

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/04/25-12/06/25) ,WK2: 3 (12/07/25-12/13/25) ,WK3: 3 (12/14/25-12/20/25) ,WK4: 1 (12/21/25-12/25/25)

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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130C1 - Toileting Hygiene, 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, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, D0160 - Depression, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, muscle weakness, Pain Interference with Therapy activities, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Leave aquacel dressing on L knee for 2 weeks until surgeon follow up. May remove if edges of bandage curl up, but leave open to air, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Sit to

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
caregiver performs medical/rehabilitation treatments with adequate competence

Eating - 06. Independent

Oral Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

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

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/04/2025

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Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance	1 - Step (curb) - 03. Partial/moderate assistance Picking Up Object - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/04/2025