Home Health Certification and Plan of Care

Order ID: 1150/14884

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
55220555	12/12/2025	From: 12/12/2025 To: 02/09/2026	17094	217058

6. Patient's Name and Address
Craig Carlson
819 Old Herald Harbor Rd,
CROWNSVILLE, MD 21032-
443-336-7726

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 07/27/1961 **9.Sex** Male

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

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	12/12/25
E66.3	Overweight	12/12/25
Z68.28	Body mass index [BMI] 28.0-28.9 adult	12/12/25
Z79.82	Long term (current) use of aspirin	12/12/25

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

Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 2 capsules by mouth at bedtime Take 2 capsules by mouth daily at bedtime
Ventolin - Albuterol 90 mcg , Inhale 2 Puffs inhalant every 4 hours Inhale 2 Puffs by mouth every 4 hours as needed
Temovate - Clobetasol Propionate 0.05 % sclp, apply to affected area topical twice a day apply to affected area on the scalp twice daily as needed. CVS 4109875244
Roxicodone - Oxycodone Hydrochloride 5 mg by mouth every 6 hours
Extra Strength Tylenol - Acetaminophen 1000 by mouth every 4 hours
Aspirin 81Mg - Aspirin 81 by mouth once a day
Colace - Docusate Sodium 100mg by mouth twice a day

14. DME and Supplies:
cane, walker

15. Safety Measures:
walker precautions, ambulates with device, , ambulates with assistance, , , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Exercises Prescribed, 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 Right 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 64-year-old male admitted to home health services following a right total knee replacement performed on 12/10/25. He returned home the same day with continuous family support available to assist as needed. His past medical history is noncontributory. A comprehensive admission assessment was completed, with vital signs obtained and documented; no abnormal findings were noted. The patient has a surgical incision to the right knee covered by a non-removable postoperative dressing. The dressing was clean, dry, and intact, with no evidence of redness, drainage, abnormal swelling, or increased pain. The patient reports adhering to postoperative movement instructions and states that his pain is well controlled, requiring oxycodone only once daily at bedtime. All medications were reviewed and reconciled with those present in the home, and no discrepancies were identified. The patient was educated on effective pain management strategies, including taking pain medication at the onset of discomfort, monitoring for side effects such as dizziness and constipation, and seeking immediate medical attention for chest pain, shortness of breath, or unrelieved pain. He was also advised to take prescribed pain medication approximately one hour prior to physical therapy sessions to optimize participation and tolerance. The patient verbalized understanding through teach-back. A physical therapy evaluation was completed with consents obtained. The patient presents with postoperative right knee pain, decreased knee strength, reduced endurance, impaired balance, unsteady gait, difficulty with transfers, and challenges negotiating steps, all of which place him at increased risk for falls. He requires assistance from another person and the use of an assistive device to safely leave the home, meeting criteria for homebound status. Skilled home physical therapy is medically necessary to address strength deficits, improve functional mobility, transfers, gait, stair negotiation, balance, and overall safety awareness to promote a safe return to independent function and prevent further decline or injury. The physical therapy plan of care was reviewed and developed collaboratively with the patient and primary caregiver, with both in agreement. The patient is scheduled to receive home physical therapy beginning 12/12/25 with the following frequency: 1 visit per week for 1 week, followed by 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week (Monday, Tuesday, Thursday), then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week (Monday and Wednesday). The patient is scheduled to transition to outpatient physical therapy on 12/31/25 and will follow up with PA Hans on 12/30/25.
 Date of Order 12/12/2025 Orders Physician Face-to-Face Date: 11/26/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right 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 - SN Notes:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/12/2025

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 : 11/26/2025

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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soc PT Eval Notes: eval Physician Huang , James

SN Careplans

SN WK1: 1 (12/12/25-12/13/25)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling of affected area, limited range of motion, limited strength, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

PROCEDURES: Medication Review: Medications reviewed with pt/caregiver., Discharge Summary-Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To right 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.

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 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

SN Goals

PATIENT-STATED GOAL: Pt states "I want my knee to heal without any issues."

GOALS
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
* 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

PT Careplans

PT WK1: 1 (12/12/25-12/13/25) ,WK2: 3 (12/14/25-12/20/25) ,WK3: 2 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex Standing-Mini squat, heel/toe raise, hip flex, leg

PT Goals

PATIENT-STATED GOAL: I want to get back to work and walking independently with my cane

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/12/2025

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curls., therapeutic modalities: Pt instructed to apply ice to R knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control, assist with fall prevention

TEACH PATIENT/CAREGIVER: 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, 1 - Step (curb) - 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, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

Don/Doff Footwear - 06. Independent

1 - Step (curb) - 06. Independent

Car Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Eating - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Sit to Stand - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

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