Home Health Certification and Plan of Care

Order ID: 1150/15060

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
33171431	12/20/2025	From: 12/20/2025 To: 02/17/2026	20348	217058

6. Patient's Name and Address

Edmond Ritter
4000 Roxmill Ct,
GLENWOOD, MD 21738-
410-935-7658

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 12/31/1946 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
T84.84XD	Pain due to internal orthopedic prosth dev/grft subs	12/20/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	12/20/25
E11.36	Type 2 diabetes mellitus with diabetic cataract	12/20/25
J96.11	Chronic respiratory failure with hypoxia	12/20/25
J84.10	Pulmonary fibrosis unspecified	12/20/25
J47.9	Bronchiectasis uncomplicated	12/20/25
I10.	Essential (primary) hypertension	12/20/25
J84.9	Interstitial pulmonary disease unspecified	12/20/25
H90.3	Sensorineural hearing loss bilateral	12/20/25
C82.18	Follicular lymphoma grade II lymph nodes of multiple sites	12/20/25
I70.0	Atherosclerosis of aorta	12/20/25
L82.1	Other seborrheic keratosis	12/20/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/20/25
E66.9	Obesity unspecified	12/20/25
Z68.30	Body mass index [BMI] 30.0-30.9 adult	12/20/25
Z79.82	Long term (current) use of aspirin	12/20/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	12/20/25
Z79.51	Long term (current) use of inhaled steroids	12/20/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/20/25
Z86.16	Personal history of COVID-19	12/20/25

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

Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime
Deltasone - Prednisone 1 mg, Take 3 tablets by mouth every other day Take 3 tablets by mouth every other day
Medrol - Methylprednisolone 8 mg 4 mg, Taper over Tab by mouth as necessary Taper over 6 days as directed in printed instructions.
Aristocort - Triamcinolone Apply to affected area(s) topical twice a day
Alvesco - Ciclesonide 160 mcg/actuation , Inhale 2 Puffs inhalant twice a day Inhale 2 Puffs by mouth 2 times a day With spacer (controller inhaler)
Astelin - Azelastine Hydrochloride 137 mcg, Use 2 Spray nasal twice a day Use 2 Sprays in each nostril 2 times a day (Gentle sprays)
Deltasone - Prednisone 5 mg, Take 1 tablet by mouth every other day Take 1 tablet by mouth (5 mg) every other day, alternating with 3 tablets of 1 mg on the remaining days
Plavix - Clopidogrel Bisulfate 75 mg, Take 1 tablet by mouth once a day
Saw Palmetto - Saw Palmetto 160 mg, Taking 2 Cap by mouth once a day
Hyzaar - Hydrochlorothiazide: Losartan Potassium 50-12.5 mg, Take 1 tablet by mouth once a day
Omeprazole Magnesium - Omeprazole Magnesium 20 mg Oral CPDR SR Cap, Taking 1 daily by mouth once a day Taking 1 daily (famotidine was not effective)
Proair - Proair 90 mcg/actuation, Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs by mouth every 4 hours as needed for cough , shortness of breath or wheezing (Rescue inhaler)
Fish Oil - Cod Liver Oil Take 1 capsule by mouth once a day Take 1 capsule by mouth daily

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/20/2025

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 : 12/12/2025

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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turmeric Take 1 capsule by mouth once a day
Zyrtec - Cetirizine Hydrochloride 10 mg Oral Cap , Take 10 mg by mouth once a day Take 10 mg
by mouth
daily
Aspirin - Aspirin 81 mg , Take 1 tablet by mouth once a day
Cephalexin - Cephalexin eq 500 mg base 1 Tablet by mouth every 8 hours Surgical Infection Prevention
Docusate Sodium - Docusate Sodium 1 Tablet (100mg) by mouth twice a day Constipation
Oxaydo - Oxycodone Hydrochloride 1 Tablet (5mg) by mouth every 4 hours As needed for moderate to severe pain rated 5-10 on numeric scale.

14. DME and Supplies:
walker, Crutches

15. Safety Measures:
infectious material management, walker precautions, supervision at all times, standard precautions, smoke detectors , non-slip surface in tub, medication safety, knee precautions, fall precautions, emergency phone # clearly displayed, diabetic precautions, bleeding precautions, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Hearing

18.B. Activities Permitted
Walker, Crutches, 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:
Due to diagnosis of Pain due to internal orthopedic prosthetic devices, implants and grafts, 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 was met in his living room with his spouse present for the assessment. He appeared visibly uncomfortable and admitted to not taking his prescribed pain medication or icing his surgical wound as instructed. The left knee was noted to be edematous, with a hematoma present around the nonremovable surgical bandage. The patient also reported frequent overnight urination. He is a 78-year-old male evaluated for home health physical therapy following a left knee arthroplasty revision on 12/18/25. Prior to surgery, he was independent within the home. Currently, he requires caregiver assistance for all indoor ambulation due to postoperative weakness, decreased coordination, pain, and altered gait mechanics. He ambulates with a walker and demonstrates lower-extremity weakness, limited endurance, and impaired balance, placing him at increased risk for falls and necessitating specialized transport. Bed mobility and transfers require moderate assistance for safety, and ambulation is limited to short household distances with a walker and assistance. The home environment is well maintained, with no identified hazards impacting safe indoor mobility. Skilled physical therapy is medically necessary to improve strength, gait, balance, and functional mobility, facilitate a safe transition at home, and reduce fall risk.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/20/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 12/12/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Pain due to internal orthopedic prosthetic devices, implants and grafts, 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 - SN Notes: <o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (12/20/25-12/20/25)

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, 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

SN Goals

PATIENT-STATED GOAL: "I want my knee to heal without complications."

GOALS
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
* 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

Signature of Physician:

Date

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

Date
12/20/2025

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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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, frequent urination, muscle weakness, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, bruising/discoloration, #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, 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., teach/coordinate/arrange medication packaging and/or administration

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, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK2: 2 (12/21/25-12/27/25) ,WK3: 3 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, 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: HEP: Standing therapeutic exercises performed including partial squats, heel raises, straight leg raises, marching in place, and hip abduction to improve lower-extremity strength, balance, and functional tolerance., Medication Review: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening, Standing balance Training, 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., gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: To have a successful post op procedure

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 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 relaxatio

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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 relaxatio, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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