

Home Health Certification and Plan of Care				Order ID: 1150/14315	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
5T78GJ9QA26		11/24/2025		From: 11/24/2025 To: 01/22/2026	
				19532	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Rhonda Ewart 3538 Miller Road, STREET, MD 21154- 4439875525			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
02/29/1956			Female		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		11/24/25	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.661		Presence of right artificial ankle joint		11/24/25	
Z47.89		Encounter for other orthopedic aftercare		11/24/25	
M54.16		Radiculopathy lumbar region		11/24/25	
M79.7		Fibromyalgia		11/24/25	
G62.9		Polyneuropathy unspecified		11/24/25	
E78.5		Hyperlipidemia unspecified		11/24/25	
E66.01		Morbid (severe) obesity due to excess calories		11/24/25	
Z68.35		Body mass index [BMI] 35.0-35.9 adult		11/24/25	
Z96.653		Presence of artificial knee joint bilateral		11/24/25	
Z96.612		Presence of left artificial shoulder joint		11/24/25	
Z79.82		Long term (current) use of aspirin		11/24/25	
Z96.1		Presence of intraocular lens		11/24/25	
14. DME and Supplies:			15. Safety Measures:		
commode, rolling walker, wheelchair			non-weight bearing RLE, activity supervision, ambulates with device, ambulates with assistance,		
16. Nutrition:			17. Allergies:		
regular			demoral percocet morphine oxycodone adhesive bandage cats & dogs Papaya		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation,			Wheelchair, , 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B. Discharge Plans		
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.			patient will be responsible for managing treatment another facility/provider will be responsible for managing treatment		
Homebound status: After undergoing Right Total Ankle Arthroplasty With Prophylactic Fixation Of The Medial Malleolus, 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: <div>The patient is a 69-year-old female with a past medical history significant for osteoarthritis and hyperlipidemia who is status post right total ankle arthroplasty with prophylactic fixation of the medial malleolus (ORIF) performed on 10/30/2025. She was discharged to home to reside with her daughter and family and is currently non-weight-bearing on the right lower extremity and immobilized in a postoperative splint; pain is being managed with a multimodal analgesic regimen. Prior to surgery she was independent with basic self-care, transfers, and ambulation using a cane; since surgery she demonstrates decreased standing balance and standing tolerance, reduced bilateral upper-extremity strength and activity tolerance, and consequent limitations in self-care, transfers, and functional mobility. The right lower-extremity surgical site remains protected per physician orders and NWB precautions were reinforced during teaching. Skilled occupational therapy services are recommended to address safe ADL retraining, adaptive techniques, upper-extremity strengthening, transfer training, and progressive functional mobility within NWB restrictions; home safety education, fall-prevention strategies, and a home exercise program for safe transfer technique were provided to the patient and family. Plan of care includes initiation of OT, ongoing skilled nursing to monitor incision/wound status and reinforce NWB and pain management, coordination for needed DME (e.g., elevated toilet seat, mobility aids) and reassessment of the need for PT as mobility goals evolve.</div> </div><div>Date of Order</div><div>11/24/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 11/05/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Right Total Ankle Arthroplasty With Prophylactic Fixation Of The Medial Malleolus</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - PT Notes: soc</div><div>OT Eval Notes:</div><div>Physician</div><div>Wild, Mark</div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POTS	
Electronically Signed by Messick, Charles RN on 11/24/2025					
24. Physician's Name and Address			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.		
Mark Wild 2 North Ave Belair, MD 21014 PHONE: 4108386434 FAX: 14108385267 NPI: 1679578207			F2F date : 11/05/2025		
27. Attending Physician's Signature and Date Signed 12/02/2025 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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				4. Medical Record No. 19532	
				5. Provider No. 217058	
6. Patient's Name and Address Rhonda Ewart 3538 Miller Road, STREET, MD 21154- 4439875525			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		
SN Careplans			SN Goals		
PT Careplans PT WK1: 1 (11/24/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 2 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) ,WK6: 1 (12/28/25-01/03/26) ,WK7: 1 (01/04/26-01/10/26) 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; 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: GG0170D1 - Sit to Stand, 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, Pain Interference with ADLs, balance deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: NWB on the rt le Straight leg raising ,le abd/add, long arc , marching , heel/toe raising--10x2 reps, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance			PT Goals PATIENT-STATED GOAL: To walk again with out device and get back to her bedroom GOALS Chair to Bed to Chair - 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 * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * 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 Sit to Stand - 06. 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OT Careplans			OT Goals		
Signature of Physician:			Date		
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Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			11/24/2025		

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OT WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear PROCEDURES: Medication Review : Medication reviewed with patient and caregiver , equipment training, work simplification/energy conservation, assist with bathing, assist with lower body dressing, assist with upper body dressing, therapeutic exercises 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			PATIENT-STATED GOAL: I want to bake bread in my kitchen GOALS Shower/Bathe Self - 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 Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent	

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