

Home Health Certification and Plan of Care				Order ID: 1150/15173	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
281005404		12/22/2025		From: 12/22/2025 To: 02/19/2026	
				4. Medical Record No.	
				20347	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Marlene Felton				HomeCentris Healthcare LLC	
411 Latimer Rd,				10 Crossroads Drive, Suite 102	
Joppatowne, MD 21085-				Owings Mills, MD 21117-8284	
410-868-1284				410-321-8448	
				1487113239	
8. DOB 12/09/1961 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Motrin - Ibuprofen 800 mg ,Take 1 tablet by mouth every 8 hours As needed for pain.	
Z47.1		Aftercare following joint replacement surgery		Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) ,Take 1 capsule by mouth once a week Take 1 capsule by mouth every 7 days	
13. ICD		Other Pertinent Diagnoses		Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-25 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily	
Z96.642		Presence of left artificial hip joint		Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours as needed for pain	
I10.		Essential (primary) hypertension		Extra Strength Tylenol - Acetaminophen 500 mg, 2 tablet by mouth every 8 hours as needed for pain	
M34.9		Systemic sclerosis unspecified		Asa 81 Mg - Aspirin 81 mg, 1 tablet by mouth twice a day To prevent blood clot	
I73.00		Raynaud's syndrome without gangrene		Colace - Docusate Sodium 100Mg, 1 Capsule by mouth twice a day stool softner	
E04.2		Nontoxic multinodular goiter			
H04.123		Dry eye syndrome of bilateral lacrimal glands			
E66.9		Obesity unspecified			
Z68.30		Body mass index [BMI] 30.0-30.9 adult			
14. DME and Supplies:				15. Safety Measures:	
wheelchair, walker, cane, bath bench				infectious material management, walker precautions, standard precautions, sharps precautions, medication safety, hip precautions, fall precautions, diabetic precautions, anticoagulant precautions, ambulates with device	
16. Nutrition:				17. Allergies:	
low sodium				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Amputation				None of the above, Walker	
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: 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.				another facility/provider will be responsible for managing treatment	
Homebound status: After undergoing Left Total Hip Replacement surgery, 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: <p class="MsoNoSpacing">The patient is a 64-year-old female with a past medical history significant for left hip arthritis, hypertension, and Raynaud's syndrome, status post left total hip replacement. She is alert and oriented 4. The surgical site is covered with a Mepilex dressing scheduled for removal on postoperative day seven. The patient denies nausea, vomiting, shortness of breath, dizziness, or lightheadedness but reports severe pain rated 8/10 and fatigue, with noted postoperative edema. Lung sounds are clear to auscultation, bowel sounds are active, respirations are even and unlabored, and vital signs are within normal limits. A medication review was completed, and education was provided regarding pain management, medication compliance, use of ice, edema management, and the importance of constipation prevention. The patient ambulates with a rolling walker and resides with her daughter, who serves as her primary caregiver. During the session, the patient was assisted with transfers to and from a recliner and participated in therapeutic exercises, including heel slides, left lower-extremity abduction/adduction, seated long arc quadriceps, standing single-leg activities, heel raises, and ambulation of approximately 150 feet with a rolling walker. Continued skilled intervention is indicated to address pain, edema, strength, and functional mobility.</p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">12/22/2025 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 12/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip Replacement surgery Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes:</p><p class="MsoNoSpacing">Physician: Huang, James</p>					
SN Careplans				SN Goals	
SN WK1: 1 (12/22/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26)				PATIENT-STATED GOAL: To walk without pain	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8				* how to achieve wound healing including cleaning and dressing wound	
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				* position changes	
				* skin care	
				* diet modification	
				* record wound measurements	
				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
				* how to take the patient's blood pressure	
				* record the reading	
				* recalls related medication(s) purpose, schedule	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/22/2025					
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.	
James Huang				F2F date : 12/09/2025	
8028 Ritchie Hwy					
Pasadena, MD 21122					
PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709					
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/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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited strength, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Hip - PROCEDURES: Medication Review: Medication reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To left hip 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: * how to take the patient's blood pressure record the reading, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans PT WK1: 2 (12/22/25-12/27/25) ,WK2: 3 (12/28/25-01/03/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, 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: Medication Review: The medication was reviewed with the patient , THR Exercises: Ankle pumps, heel slides, le abd/add, slr, long arc , marching and heel raises --10x2 reps , cough/deep breathing exercises, incentive spirometer, equipment training, 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 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 - 05. Setup or		PT Goals PATIENT-STATED GOAL: To walk pain free 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 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 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		12/22/2025		

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clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			Eating - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 150 Feet - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent	

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