Home Health Certification and Plan of Care

Order ID: 1150/15176

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47176859	12/22/2025	From: 12/22/2025 To: 02/19/2026	19901	217058

6. Patient's Name and Address

William McIntosh
8505 Wild Wing Way,
COLUMBIA, MD 21045-
443-774-8534

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 06/13/1958 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	12/22/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	12/22/25
I10.	Essential (primary) hypertension	12/22/25
E78.5	Hyperlipidemia unspecified	12/22/25
J44.89	Other specified chronic obstructive pulmonary disease	12/22/25
M54.50	Low back pain unspecified	12/22/25
G89.29	Other chronic pain	12/22/25
I70.0	Atherosclerosis of aorta	12/22/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/22/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/22/25
H26.9	Unspecified cataract	12/22/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/22/25
R09.82	Postnasal drip	12/22/25
E66.01	Morbid (severe) obesity due to excess calories	12/22/25
Z68.39	Body mass index [BMI] 39.0-39.9 adult	12/22/25
Z79.51	Long term (current) use of inhaled steroids	12/22/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/22/25

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

Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2 mg SL Subl Tab, Dissolve 1 tablet under the tongue by mouth once a day
Narcan - Naloxone Hydrochloride 4 mg/actuation Nasl Spray, Spray contents in 1 nostril nasal as necessary Spray contents in 1 nostril for adult or child not breathing or responding. Call 911. If patient is still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only
Magnesium Citrate - Magnesium Citrate Take 300 mL, Oral Soln by mouth once a day Take 300 mL by mouth one time
Colace - Docusate Sodium 100 mg, Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day as needed for constipation
Protonix - Pantoprazole Sodium 40Mg ,Take 1 tablet by mouth once a day Take 1 tablet by mouth daily 30 to 60 minutes prior to a meal
Desyrel - Trazodone Hydrochloride 50 mg, Take one-half tablet to two tablets by mouth at bedtime Take one-half tablet to two tablets by mouth at bedtime as necessary for sleep
Esidrix - Hydrochlorothiazide 25 mg, Take 1 table by mouth in the morning
Diclofenac Sodium - Diclofenac Sodium 1 % Top Gel, Apply 2 g to affected area(s) topical four times a day Apply 2 g to affected area(s) 4 times a day (OTC Product) (Patient not taking: Reported on 5/19/2025)
Norvasc - Amlodipine Besylate 10 mg, Take 1 tablet by mouth once a day
Lipitor - Atorvastatin Calcium 40 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily For cholesterol and heart protection
Fluticasone - Fluticasone Furoate 50 mcg/actuation Nasl SpSn, Use 2 Sprays nasal once a day Use 2 Sprays in each nostril daily (Patient not taking: Reported on 5/19/2025)
Zyrtec - Cetirizine Hydrochloride 10 Mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for 7 days (Patient not taking: Reported on 5/19/2025)
Saline Nasal Spray - Normal Saline 0.65 % Nasl Aero Spray, Use 2 Sprays nasal as necessary Use 2 Sprays in each nostril as needed
Psyllium - Psyllium 1-60 gram-mg Oral Cap, Take 1 capsule by mouth once a day
Voltaren - Diclofenac Sodium 1 % Top Gel, Apply 2 g to affected area(s) topical four times a day Apply 2 g to affected area(s) 4 times a day (Patient not taking: Reported on 5/19/2025)

14. DME and Supplies:

15. Safety Measures:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/22/2025

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 : 12/05/2025

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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None of the above

standard precautions, bleeding precautions, medication safety, infectious material management, anticoagulant precautions, bathroom safety, walker precautions, knee precautions, ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
adhesive tape

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, 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: 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
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Left Total Knee 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: The patient is a 67-year-old male evaluated for home health physical therapy following a left total knee replacement. Prior to surgery, he was independent at home; however, he currently requires caregiver assistance for all indoor ambulation due to left lower-extremity weakness, decreased coordination, and altered gait mechanics. He ambulates with a walker, demonstrates a limp, impaired balance, and an increased risk of falls, and requires specialized transportation for safety. Bed mobility requires minimal assistance, transfers require contact guard assistance, and ambulation is limited to short household distances with a walker and contact guard. The home environment is well maintained and free of safety hazards. Skilled physical therapy is medically necessary to improve strength, mobility, balance, and gait, facilitate a safe transition at home, prevent falls, and prepare the patient for outpatient therapy services. The patient reported that he will be visiting his primary care provider tomorrow, who will manage the removal of the Aquacel dressing.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/22/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 12/05/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee 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<o:p></o:p>
 1 - SOC - PT Notes:<o:p></o:p> Physician: Huang, James

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (12/22/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26)

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: 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

PT Goals

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

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 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

Signature of Physician:

Date

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

Date
12/22/2025

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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: GG0130E1 - Shower/Bathe Self, 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, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, muscle weakness, swelling of affected area, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, swelling in legs/around eyes, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation., 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: Dressing to be removed at MD office., 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 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 - 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, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Sit to Stand - 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

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

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