Home Health Certification and Plan of Care

Order ID: 1150/15247

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
65184357	12/30/2025	From: 12/30/2025 To: 02/27/2026	20349	217058

6. Patient's Name and Address

Linda Williams
1322 Maple Ave,
Halethorpe, MD 21227-
443-676-3861

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 04/21/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	12/30/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	12/30/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/30/25
D69.2	Other nonthrombocytopenic purpura	12/30/25
E04.2	Nontoxic multinodular goiter	12/30/25
M85.80	Oth disrd of bone density and structure unspecified site	12/30/25
I10.	Essential (primary) hypertension	12/30/25
E78.5	Hyperlipidemia unspecified	12/30/25
E66.9	Obesity unspecified	12/30/25
Z68.34	Body mass index [BMI] 34.0-34.9 adult	12/30/25
Z79.82	Long term (current) use of aspirin	12/30/25
Z95.2	Presence of prosthetic heart valve	12/30/25
Z86.0100	Personal history of colonic polyps	12/30/25

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

Fosamax - Alendronate Sodium eq 70 mg base 70mg; 1 tab by mouth once a week bone health
Aspirin - Aspirin 81 mg Oral TBEC DR Tab,Take 1 tablet by mouth twice a day s/p joint surgery
Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg Oral Tab,Take 1 tablet by mouth once a day cholesterol
Lioresal - Baclofen 5 mg Oral Tab,Take 1 tablet by mouth three times a day muscle relaxant
Calcium Carbonate-Vit D3 (CALCIUM 600 + D) 600 mg-10 mcg (400 unit) Oral Tab,Take 1 tablet by mouth once a day supplement
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 0.4 mg300 mcg- 250 mcg Oral Tab,Take 1 tablet by mouth once a day supplement
Colace - Docusate Sodium 100mg; 1 cap by mouth twice a day stool softner
Mobic - Meloxicam 15 mg 15 mg Oral Tab,Take 1 tablet by mouth once a day
Lopressor - Metoprolol Tartrate 25 mg Oral Tab,Take 1 tablet by mouth twice a day in
the morning
and before
bedtime
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1 tab by mouth every 4 hours as needed for pain
Allegra - Fexofenadine Hydrochloride 180 mg 180 mg Oral Tab,Take 1 tablet by mouth once a day as needed for
allergy
symptoms
Fosamax - Alendronate Sodium 70 mg Oral Tab,Take 1 tablet by mouth in the morning every week in
the morning
on an empty
stomach with
8 ounce glass
of water. Do
not lie down
for 30 minutes
after taking
medication

14. DME and Supplies:

walker, cane, elevated toilet seat, ice man

15. Safety Measures:

ambulates with device, walker precautions, , ambulates with assistance, supervision at all times, transfer with assist, , activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker, Exercises Prescribed

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 Left 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/30/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/15247

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
65184357	12/30/2025	From: 12/30/2025 To: 02/27/2026	20349	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Williams 1322 Maple Ave, Halethorpe, MD 21227- 443-676-3861	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 76-year-old female status post left total knee replacement (TKR) performed on 12/29/25, who returned home the same day with the assistance of her spouse, who serves as the primary caregiver, and additional family support available at all times. Her past medical history is significant for hypertension, atherosclerosis of the aorta, history of transcatheter aortic valve replacement, hyperlipidemia, thyroid nodule, and osteoarthritis. Skilled nursing services are ordered at a frequency of one visit per week for two weeks, and a physical therapy evaluation has been completed. Upon skilled nursing assessment, the patient was alert and oriented to person, place, and time. She reported pain rated 0/10 while sitting and 3/10 with ambulation. She denied shortness of breath, and lung sounds were clear throughout all fields. The patient reported a good appetite and last bowel movement prior to surgery. Assessment of the left knee revealed an intact surgical dressing with no drainage noted. The patient was observed wearing TED hose as ordered and ambulating with a walker for safety. Skilled nursing reviewed all discharge instructions in detail, including effective pain management strategies, and both the patient and spouse verbalized understanding. The physical therapy evaluation identified expected post-operative deficits including left knee pain, decreased knee strength, reduced endurance, impaired balance, unsteady gait, difficulty with transfers, functional mobility limitations, and difficulty negotiating steps, placing the patient at increased risk for falls and functional decline. The patient requires assistance from another person and an assistive device to safely ambulate and leave the home, confirming homebound status. Without skilled physical therapy intervention, the patient is at risk for falls, further loss of function, and decreased independence. Skilled physical therapy interventions included education on the causes of edema and positional strategies to reduce swelling, including elevating the lower extremities above heart level during rest periods and the use of compression garments if recommended by the physician. The patient verbalized understanding. Education was also provided on signs and symptoms of surgical site infection, including fever, chills, redness, swelling, increased pain, bleeding, drainage, nausea, vomiting, or pain not relieved with medication. Home safety and fall prevention education was reviewed from the patient handbook, including risk factors for falls and strategies to reduce fall risk in the home. The patient was instructed in safe transfer techniques using a walker, with cues provided for proper hand and foot placement, forward weight shift, and reaching back to the chair prior to sitting. She required minimal assistance to standby assistance for transfers. Therapeutic exercises were initiated, including supine ankle pumps, quadriceps sets, gluteal sets (1 set of 20 repetitions), and heel slides (1 set of 10 repetitions). Passive range of motion of the left knee was performed in the supine position. A written home exercise program was provided, with instructions to complete exercises twice daily. Gait training was completed on level surfaces using a walker. The patient required standby assistance and verbal cues for proper positioning within the walker, increased step height and length, and overall safety. She was instructed to ambulate with the walker at all times. Education was provided on the importance and benefits of daily ambulation to improve circulation and prevent complications related to inactivity. The patient was instructed to begin a walking program consisting of short walks every 1-2 hours within the home, starting with longer walks of 3-5 minutes and gradually progressing as tolerated. She was also instructed to apply ice to the left knee for 20 minutes with an appropriate barrier, performing skin checks every five minutes. Pain was reported to be well controlled with the current medication regimen. The patient received additional education on effective pain management, including taking pain medication at the onset of pain, monitoring for side effects such as dizziness and constipation, and seeking immediate medical attention for chest pain, shortness of breath, or unrelieved pain. She was advised to take pain medication approximately one hour prior to physical therapy sessions, and she verbalized understanding via teach-back. The physical therapy plan of care was discussed and developed collaboratively with the patient and caregiver, both of whom are in agreement. The patient is scheduled to receive home physical therapy beginning 12/30/25 with a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for one week, followed by three <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for one week, and one visit per week for one week. The patient is scheduled to follow up with PA Hans on 1/13/26 and plans to transition to outpatient physical therapy starting 1/14/26, as tolerated.
 Date of Order 12/30/2025 Orders Physician Face-to-Face Date: 12/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left 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: soc PT Eval Notes: eval
 Physician Huang , James

SN Careplans

SN WK1: 1 (12/30/25-01/03/26) ,WK2: 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, 8. Currently reports exhaustion, 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; 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 ; 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

SN Goals

PATIENT-STATED GOAL: TO WALK BETTER

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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 respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025

Home Health Certification and Plan of Care

Order ID: 1150/15247

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
65184357	12/30/2025	From: 12/30/2025 To: 02/27/2026	20349	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Williams 1322 Maple Ave, Halethorpe, MD 21227- 443-676-3861	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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.

LEFT KNEE
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT KNEE DRESSING INTACT NO DRAINAGE NOTE

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT KNEE DRESSING INTACTNO DRAINAGE NOTE: SN/PT TO REMOVE LEFT KNEE DRESSING POST OP DAY 7, Medication Review- : Medications reviewed with patient/caregiver, Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN/PT TO REMOVE LEFT KNEE DRESSING POST OP DAY 7

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 medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, meal preparation is available to patient for all meals

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

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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 2 (12/30/25-01/03/26) ,WK2: 3 (01/04/26-01/10/26) ,WK3: 1 (01/11/26-01/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 01. Dependent, GG0130G1 - Lower Body Dressing - 01. Dependent, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance

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 curls., therapeutic modalities: Apply ice to L kneex 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control, assist with fall prevention

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, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: I want to get back to walking independently without my walker

GOALS
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

Toilet Transfer - 06. Independent

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

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

Car Transfer - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025

Home Health Certification and Plan of Care

Order ID: 1150/15247

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
65184357	12/30/2025	From: 12/30/2025 To: 02/27/2026	20349	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Linda Williams 1322 Maple Ave, Halethorpe, MD 21227- 443-676-3861	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/30/2025