Home Health Certification and Plan of Care

Order ID: 1150/15327

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
321043153	01/07/2026	From: 01/07/2026 To: 03/07/2026	16085	217058

6. Patient's Name and Address
Darlene Lang
205 Somerset Bay Dr Apt 102,
GLEN BURNIE, MD 21061-
410-440-6617

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 04/28/1962 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	01/07/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/07/26
J45.909	Unspecified asthma uncomplicated	01/07/26
I73.9	Peripheral vascular disease unspecified	01/07/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	01/07/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/07/26
E02.	Subclinical iodine-deficiency hypothyroidism	01/07/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/07/26
E78.5	Hyperlipidemia unspecified	01/07/26
I87.2	Venous insufficiency (chronic) (peripheral)	01/07/26
F43.10	Post-traumatic stress disorder unspecified	01/07/26
F41.9	Anxiety disorder unspecified	01/07/26
F32.A	Depression unspecified	01/07/26
J30.9	Allergic rhinitis unspecified	01/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/07/26
R73.03	Prediabetes	01/07/26
E66.01	Morbid (severe) obesity due to excess calories	01/07/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	01/07/26
Z79.82	Long term (current) use of aspirin	01/07/26
Z90.13	Acquired absence of bilateral breasts and nipples	01/07/26
Z85.3	Personal history of malignant neoplasm of breast	01/07/26
Z96.653	Presence of artificial knee joint bilateral	01/07/26

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

Colace - Docusate Sodium 100MG; 1 TAB by mouth once a day BOWEL REGIMEN
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Vitamin D - Ergocalciferol 1 TAB by mouth once a day SUPPLEMENT
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Fosamax - Alendronate Sodium eq 70 mg base eq 70 mg base70 mg, Take 1 tablet by mouth once a week Take 1 tablet by mouth every 7 days SUNDAY BONE HEALTH
Asa 81 Mg - Aspirin 081MG; 1 TAB by mouth twice a day ANTIPLATELET S/P JOINT REPLACEMENT
Pepcid - Famotidine 40 mg 40 mg40 mg, Take 1 tablet by mouth at bedtime 40 mg Oral Tab Take 1 tablet by mouth daily at bedtime GERD
Claritin - Loratadine 10 mg 10 mg10MG; 1 TAB by mouth once a day ALLERGY
Singulair - Montelukast Sodium eq 10 mg base eq 10 mg base10 mg, Take 1 tablet by mouth once a day ALLERGIES
Ditropan Xl - Oxybutynin Chloride 5 mg 5 mg5 mg, Take 1 tablet by mouth once a day URINARY INCONTINENCE
Protonix - Pantoprazole Sodium eq 40 mg base eq 40 mg base40 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day 30 to 60 minutes before breakfast and dinner GERD
Phentermine 15 mg Oral Cap 015 mg, Take 1 capsule by mouth once a day Take 1 capsule by mouth daily before breakfast or 1 to 2 hours after breakfast (Combination treatment with Topiramate)
Topamax - Topiramate 100 mg 100 mg100 mg, Take one and onehalf tablets by mouth once a day Take one and onehalf tablets by mouth daily For weight loss and chronic pain (Take with Phentermine)
Zoloft - Sertraline Hydrochloride eq 25 mg base eq 25 mg base25 mg, Take 1 tablet by mouth once a day ANTIDEPRESSANT/ANXIETY
Acetaminophen - Acetaminophen 500mg; 2 tabs by mouth every 8 hours as needed for pain
Albuterol - Albuterol 090 mcg/actuation Inhl HFAA Inhale 2 puffs inhalant every 6 hours Inhale 2 puffs by mouth every 6 hours as needed for shortness of breath (Rescue inhaler)
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1-2 tas by mouth every 4 hours as needed for pain
Narcan - Naloxone Hydrochloride 0.4 mg/ml 0.4 mg/ml4 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 still not breathing/responding,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/07/2026

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 : 12/10/2025

27. Attending Physician's Signature and Date Signed **01/15/2026**: 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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use new spray in 2 to
3 mins in other
nostril. For suspected
opioid overdose use
only
Advil - Ibuprofen 200 mg 200MG; 1 TAB by mouth twice a day PAIN

14. DME and Supplies:
wheelchair, rolling walker, bath bench, walker, commode, cane

15. Safety Measures:
infectious material management, standard precautions, knee precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, smoke detectors , medication safety, ambulates with assistance, transfer with assist, supervision at all times, anticoagulant precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
chlorhexidine gluconate sulfa lisinopril wellbutrin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Exercises Prescribed, Wheelchair

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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient 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 63-year-old female status post left total knee replacement on 1/5/26, who returned home on 1/6/26 with continuous assistance from her spouse, Bill, who provides support with all ADLs and IADLs. The patient is alert and oriented 3 and reports left knee pain rated at 7/10, managed with Tylenol 500 mg and oxycodone 5 mg taken at 3:00 AM. She denies shortness of breath and reports nausea that is improving. A nonremovable dressing is present on the left knee with noted swelling. The patient ambulates using a rolling walker for safety. Skilled nursing reviewed all medications and provided education on effective pain management and nausea relief, with the patient and spouse verbalizing understanding. Physical therapy evaluation was completed, revealing decreased endurance, left knee strength, functional mobility, balance, and safety awareness, with an unsteady gait, difficulty with transfers and stair negotiation, and increased fall risk. The patient requires assistance and an assistive device to safely leave the home. Education was provided regarding edema management, including lower extremity elevation above heart level during rest and the use of compression garments as recommended by the physician, as well as signs and symptoms of incision infection. Home safety and fall prevention strategies were reviewed, and the patient was instructed in safe transfers using a walker, including proper hand and foot placement and forward weight shift. The patient required minimal assistance to standby assistance for safe transfers. The patient will benefit from skilled home physical therapy services to improve strength, mobility, balance, ambulation safety, and independence, as she is at risk for falls and further functional decline without continued skilled intervention.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/07/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/10/2025
 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 - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (01/07/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26)

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.

SN Goals

PATIENT-STATED GOAL: 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 relaxatio

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
* 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

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

Date
01/07/2026

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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.

left knee
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, nausea/vomiting, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - NONREMOVABLE DRESSING INTACT

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - NONREMOVABLE DRESSING INTACT, 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 TO REMOVE THE LEFT KNEE DRESSING POST OP DAY 7. KEEP KNEE INCISION OPEN TO AIR UNLESS DRAINAGE IS NOTED.

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 medicatio, * 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 relaxatio, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent cons, * 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent cons

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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 (01/07/26-01/10/26) ,WK2: 3 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea

01/13/2026: GG0170G1 - Car Transfer, 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, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair,

PT Goals

PATIENT-STATED GOAL: I just want to be able to walk

GOALS
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

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

Toilet Transfer - 06. Independent

Signature of Physician:

Date

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

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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: incentive spirometer, 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 knee x 20 minutes with necessary barrier and skin assessments q 5 minutes.

01/13/2026: equipment training, work simplification/energy conservation, 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 medicatio, * 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

1//13/2026: therapeutic modalities, balance training, equipment training, gait training, work simplification/energy conservation, transfer training

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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