

Home Health Certification and Plan of Care				Order ID: 1150/15444	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
18270364		01/08/2026		From: 01/08/2026 To: 03/08/2026	
				4. Medical Record No.	
				20644	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Danielle Cole			HomeCentris Healthcare LLC		
5612 Belleville Ave,			10 Crossroads Drive, Suite 102		
GWYNN OAK, MD 21207-			Owings Mills, MD 21117-8284		
410-914-7144			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/02/1973			Female		
11. ICD			Date		
Z47.1			01/08/26		
Principal Diagnosis			Aftercare following joint replacement surgery		
13. ICD			Date		
Z96.652			01/08/26		
Other Pertinent Diagnoses			Presence of left artificial knee joint		
G93.2			01/08/26		
Benign intracranial hypertension					
G47.30			01/08/26		
Sleep apnea unspecified					
Z79.02			01/08/26		
Long term (current) use of antithrombotics/antiplatelets					
			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
			Norvasc - Amlodipine Besylate eq 10 mg base 10 mg Oral Tab, Take 1 tablet by mouth once a day blood pressure		
			Aspirin 81Mg - Aspirin 81 mg Oral TBEC DR Tab, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day for 28 days		
			post left knee replacement		
			Roxicodone - Oxycodone Hydrochloride 5 mg 5 mg, Take 1 tablet by mouth every 4 hours Take 1 tablet by mouth every 4 hours as needed for pain(1 to 2 tablets as needed) for pain		
			Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 01,000 mcg,Take 1 tablet by mouth once a day supplement		
			Colace - Docusate Sodium 100 mg Oral Cap, Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day stool softner		
			Ibuprofen - Ibuprofen 800 mg 1 tablet by mouth every 8 hours		
14. DME and Supplies:			15. Safety Measures:		
walker, commode, cane, ICE MAN			standard precautions, knee precautions, bleeding precautions, fall precautions, ambulates with device, walker precautions, medication safety, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Cane, 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:			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		
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: <p class="MsoNoSpacing">The patient is a 52-year-old female status post left total knee replacement, residing with her spouse who assists with ADLs and IADLs as needed. She is alert and oriented 3 and reports pain at 6/10, with the last dose of pain medication taken at 11:30 a.m.; she is also using ice for pain management. The patient denies shortness of breath, and lung sounds are clear throughout. The left knee dressing is intact, with trace postoperative swelling noted, and she is ambulating with a walker for safety. Skilled nursing reviewed all medications, including doses, frequency, and pertinent side effects, and provided education on effective pain management and postoperative care; the patient verbalized understanding. Physical therapy evaluation was completed, noting that prior to surgery the patient ambulated independently without an assistive device. Currently, she presents with decreased strength (2-/5 MMT) related to range-of-motion deficits, demonstrating knee extension limited to minus 5 degrees from neutral and flexion to 85 degrees. She requires contact guard assistance for transfers and short-distance ambulation, with emphasis on improving trunk extension and step length. The patient was instructed in an initial seated home exercise program focusing on knee flexion and extension stretching. Continued skilled physical therapy is recommended to improve strength, range of motion, mobility safety, and facilitate return to her prior level of function.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p></p><p></p><p class="MsoNoSpacing">01/08/2026 Order</p></p><p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 12/16/2025 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</p></p><p></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes:</p></p><p></p><p class="MsoNoSpacing">PT Eval Notes:</p></p><p></p><p class="MsoNoSpacing">Physician: Huang, James</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/08/2026					
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 : 12/16/2025		
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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SN WK1: 1 (01/08/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26)	PATIENT-STATED GOAL: I WANT TO REMAIN PAIN FREE
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 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
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance	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
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications	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
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 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.	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
LEFT KNEE Advance Directive:No Advance Directive	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, dependent edema, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT KNEE DRESSING INTACT NO DRAINAGE NOTED	meal preparation is available to patient for all meals
PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT KNEE DRESSING INTACT NO DRAINAGE NOTED, Medication Review- : Medications reviewed with patient/caregiver. , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: To left knee 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: * 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, * 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, meal preparation is available to patient for all meals	

PT Careplans	PT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/08/2026

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PT WK1: 1 (01/08/26-01/10/26) ,WK2: 3 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26)			PATIENT-STATED GOAL: To be able to walk without pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, Pain Effect on Sleep, 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, 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, GG0130B1 - Oral Hygiene			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 medicatio		
PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, therapeutic exercises, equipment training, work simplification/energy conservation, gait training/stair training, transfers training			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		
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 relaxatio, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 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, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Medication Review			Medication Review Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Eating - 06. Independent Chair to Bed to Chair - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance 1 - Step (curb) - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Car Transfer - 06. Independent		

Signature of Physician:	Date
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