Home Health Certification and Plan of Care

Order ID: 1150/15402

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
79210398	01/13/2026	From: 01/13/2026 To: 03/13/2026	20735	217058

6. Patient's Name and Address

Maria Beverly
2 Rocky Ln,
Baltimore, MD 21208-
410-979-4615

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 10/06/1954 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	01/13/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.653	Presence of artificial knee joint bilateral	01/13/26
I10.	Essential (primary) hypertension	01/13/26
E03.9	Hypothyroidism unspecified	01/13/26
E66.9	Obesity unspecified	01/13/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	01/13/26
Z86.0101	Personal history of adeno	01/13/26
Z90.710	Acquired absence of both cervix and uterus	01/13/26
Z87.891	Personal history of nicotine dependence	01/13/26

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

Amlodipine - Amlodipine Besylate 5 mg take 1 tablet by mouth once a day
Losartan 50 mg take 1 tablet by mouth once a day
WIXELA INHUB 250 50 mcg/dose inhalant twice a day Inhale 1 puff by mouth 2 times a day (Controller inhaler)
Azelaic Acid - Azelaic Acid 15 % Top Gel topical once a day Try small test spot first for several days. If tolerated, apply daily to the affected area(s) in the morning.
Tretinoin - Tretinoin 0.025 % Top Crea topical as necessary Apply a pea size amount to affected area(s) few nights a week, then gradually increase to nightly use as tolerated. May reduce frequency if any skin irritation.
Ergocalciferol - Ergocalciferol vitamin D2 by mouth as necessary Take by mouth
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Take 1-2 tabs every 4 hours as needed for pain.
Asa 81 Mg - Aspirin 81 MG Oral Tablet , Take 1 tablet by mouth twice a day Take 1 81mg tab twice daily to prevent cardiac complications
Extra Strength Tylenol - Acetaminophen 500mg by mouth every 8 hours Take 2 500mg tabs every 8 hours as needed for pain.

14. DME and Supplies:

4 wheeled walker

15. Safety Measures:

knee precautions, infectious material management, , ambulates with device, bathroom safety, smoke detectors , walker precautions, transfer with assist, , hand rails, ambulates with assistance, , , activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Walker, Up As Tolerated

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
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/13/2026

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 : 12/31/2025

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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Homebound status: After undergoing Left Total Knee Arthroplasty, 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 71-year-old female status post left total knee arthroplasty (L TKA) performed on 01/12 at the Kaiser outpatient surgery center. Past medical history is significant for hypertension and hypothyroidism. The patient resides with her husband in a bi-level single-family home and is currently ambulating postoperatively with a front-wheeled walker. Family support is available; her daughter is a nurse (PA). The patient reports 5/10 pain at the time of assessment, adequately controlled with oxycodone 5 mg and acetaminophen (Tylenol); no additional pain concerns were noted. The patient is scheduled to begin outpatient physical therapy on 01/27. A physical therapy evaluation was completed following surgery. The patient presents with postoperative functional limitations including decreased lower-extremity strength and knee range-of-motion deficits impacting mobility and safety. Manual muscle testing demonstrated approximately 2-/5 strength in the operative lower extremity, limited by pain/ROM restrictions. Left knee ROM measured -5 degrees extension from neutral and 85 degrees of flexion. The patient requires contact guard assistance (CGA) for transfers and short-distance ambulation with the walker, with skilled cueing provided to improve upright trunk posture and step length to promote safer gait mechanics. Education was provided on an initial home exercise program (HEP) consisting of seated therapeutic exercises with emphasis on gentle, progressive stretching into knee flexion and extension, as well as reinforcement of safe mobility strategies and pacing to manage symptoms while promoting recovery. The plan of care is for the patient to receive skilled physical therapy services to improve strength, ROM, gait quality, and transfer safety, reduce fall risk, and support return to prior level of function, with transition to scheduled outpatient therapy beginning 01/27.
 Date of Order 01/13/2026 Orders Physician Face-to-Face Date: 12/31/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Arthroplasty 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 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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 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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited range of motion, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs,

SN Goals

PATIENT-STATED GOAL: Patient stated she wants for her knee to heal after surgery so she can get back to playing with her grandkids.

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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/13/2026

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swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee -, Discharge Summary- Complete Discharge Summary SN communication note. , Blood Pressure Monitoring: Teach patient and caregiver how to monitor blood pressure and record her measurements. Educate patient on importance of blood pressure control to prevent any cardiac or CVA complications., Diet and Nutrition: Educate patient on a high protein diet and educate on increasing water intake to help aid in healing after surgery., Low Sodium Diet: Educate patient on maintaining a low sodium diet and teach what a low sodium diet c9nsists of. , incentive spirometer, physician-ordered wound care: 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 _left knee___ 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., teach/coordinate/arrange medication packaging and/or administration

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule

PT Careplans

PT WK1: 2 (01/13/26-01/17/26) ,WK2: 3 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26)

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

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: 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 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, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

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

Medication Review

Signature of Physician:	Date
	PAGE 3 of 3
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