

Home Health Certification and Plan of Care				Order ID: 1150/15490	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
45261094		01/17/2026		From: 01/17/2026 To: 03/17/2026	
				4. Medical Record No.	
				21232	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Linda Foehrkolb			HomeCentris Healthcare LLC		
238 Brentwood Ct,			10 Crossroads Drive, Suite 102		
GLEN BURNIE, MD 21061-			Owings Mills, MD 21117-8284		
410-971-2690			410-321-8448		
			1487113239		
8. DOB			9. Sex		
10/15/1952			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z47.1			Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
Aftercare following joint replacement surgery			Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
			Pyridox 1,000 Unit Oral Tablet by mouth once a day Take 1,000		
			Units by		
			mouth daily		
			Thiamine HCl, vitamin B1 100 mg Oral Capsule by mouth once a day		
			supplement		
			Lipitor - Atorvastatin Calcium eq 20 mg base eq 20 mg base1 Tablet by		
			mouth once a day for cholesterol to prevent heart attack and stroke		
			Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
			Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
			Pyridox 0(VITAMIN B12 ORAL) by mouth once a day supplement		
			Eliphos - Calcium Acetate 667 mg / 1 Tablet by mouth three times a day		
			Take 1,334		
			mg by		
			mouth 3		
			times a day		
			with meals		
			Zoloft - Sertraline Hydrochloride eq 50 mg base 50mg; 1 1/2 tabs by mouth		
			in the morning for 90 days		
			Hydrea - Hydroxyurea 500 mg 500 mg/ Capsule Take 3 Capsules by mouth		
			once a day Once		
			a day for 6		
			days, 1 day		
			off.		
			Prilosec - Omeprazole 40 mg 40 mg; 1 tab by mouth once a day stomach		
			Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; -2 tabs by		
			mouth every 4 hours as needed for pain		
			Asa 81Mg - Aspirin 81mg; tab by mouth twice a day post hip replacement		
			Colace - Docusate Sodium 100mg; 1 tab by mouth twice a day bowel		
			regimen		
14. DME and Supplies:			15. Safety Measures:		
bath bench, grab bars, wound care supplies, walker, cane			infectious material management, standard precautions, fall precautions,		
			bleeding precautions, ambulates with device, walker precautions, medication		
			safety, ambulates with assistance, transfer with assist, supervision at all		
			times, hip precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			amoxicillin penicilin		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			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: Yes					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			patient will be responsible for managing treatment		
Homebound status: After undergoing Right Total Hip 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 73-year-old female status post right total hip replacement on 1/15/26, with a past medical history significant for hyperlipidemia, atherosclerosis of the aorta, history of smoking, osteoporosis, and depression. She returned home the same day of surgery with continuous family assistance for all ADLs and IADLs. The patient is alert and oriented 3 and reports right hip pain rated 8/10, with the last dose of oxycodone taken at 11:30 AM. She denies shortness of breath, reports good appetite, and had a bowel movement today. Assessment of the surgical site revealed an intact anterior right hip dressing with no drainage noted; the patient is wearing TED stockings and ambulating with a walker for safety. Skilled nursing reviewed all medications, including dosages, frequency, and pertinent side effects, and provided education on effective pain management and post-operative instructions, which the patient verbalized understanding. PT evaluation was completed, revealing decreased endurance, hip strength, balance, and functional mobility, with unsteady gait, difficulty with transfers and stair negotiation, impaired safety awareness, and increased fall risk. The patient requires an assistive device and assistance from another person to safely leave the home and will benefit from skilled home PT services to improve strength, mobility, balance, gait safety, and functional independence while reducing the risk of falls and further functional decline.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p></p></p><p class="MsoNoSpacing">01/17/2026 Order</p></p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: .					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/17/2026					
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 : 01/09/2026		
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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01/09/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip 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></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Huang, James</p>

SN Careplans SN WK1: 1 (01/17/26-01/17/26) ,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: 1. Non-agency caregiver(s) currently provide assistance 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; 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. RIGHT HIP Advance Directive:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, Home Safety, meal preparation, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Hip - DRESSING INTACT NO DRAINAGE NOTED PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Hip - DRESSING INTACT NO DRAINAGE NOTED, Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN TO REMOVE RIGHT ANTERIOR 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, * 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, * 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals	SN Goals PATIENT-STATED GOAL: I WANT THE PAIN TO GET 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 * 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 * 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 * 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 * 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 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered meal preparation is available to patient for all meals
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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	01/17/2026

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PT WK2: 3 (01/18/26-01/24/26) ,WK3: 3 (01/25/26-01/31/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, 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: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, Seated-LAQ, pillow squeeze Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Apply ice to R hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent		PATIENT-STATED GOAL: To be able to walk without pain GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Sit to Stand - 06. Independent Car 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 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent		

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