

Home Health Certification and Plan of Care				Order ID: 1150/15813	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
18251969		01/23/2026		From: 01/23/2026 To: 03/23/2026	
4. Medical Record No.		5. Provider No.			
21114		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Christine Raivel 8887 Pennsbury Place, ROSEDALE, MD 21237- 443-847-2466			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
03/18/1963			Female		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		01/23/26	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		01/23/26	
J45.20		Mild intermittent asthma uncomplicated		01/23/26	
M54.50		Low back pain unspecified		01/23/26	
G89.29		Other chronic pain		01/23/26	
E78.5		Hyperlipidemia unspecified		01/23/26	
E55.9		Vitamin D deficiency unspecified		01/23/26	
F33.41		Major depressive disorder recurrent in partial remission		01/23/26	
E66.9		Obesity unspecified		01/23/26	
Z68.34		Body mass index [BMI] 34.0-34.9 adult		01/23/26	
Z96.643		Presence of artificial hip joint bilateral		01/23/26	
Z96.652		Presence of left artificial knee joint		01/23/26	
Z90.710		Acquired absence of both cervix and uterus		01/23/26	
Z87.891		Personal history of nicotine dependence		01/23/26	
14. DME and Supplies:			15. Safety Measures:		
rolling walker, bath bench, commode, walker, 4 wheeled walker			walker precautions, smoke detectors , , , ambulates with device, ambulates with assistance, emergency phone # clearly displayed, hip precautions, supervision at all times, transfer with assist, , hand rails, cardiac precautions, bathroom safety, , activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			fexofenadine hcl		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair		
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: 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.			another facility/provider will be responsible for managing treatment family/caregiver will be responsible for managing treatment		
Homebound status: After undergoing Left Total Hip 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.					
Clinical Condition Requiring Homecare: The patient is a 62-year-old female who was evaluated for start of care 24 hours status post left total hip replacement. The patient resides in a rowhome in Middle River with her husband, who serves as her primary caregiver. The home environment includes one friendly dog. The patient was present for the start of care visit accompanied by her daughter. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient reported that her postoperative pain was well controlled with oxycodone 5 mg. She denied constipation and reported having a bowel movement earlier in the day. No additional postoperative complications were reported. The patient is currently staying on the first level of the home; however, her bedroom is located on the second floor, requiring stair negotiation. She is ambulating with a front-wheeled walker and requires one-person assistance for safety. Past medical history is significant for hypertension, major depressive disorder, chronic low back pain, dyslipidemia, intermittent asthma, and vitamin D deficiency. Nursing services are planned for admission and discharge only, as the patient is expected to transition to outpatient therapy following a short course of home physical therapy. On physical therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrated moderate postoperative pain and edema of the left lower extremity consistent with recent surgery. Therapeutic exercises were initiated with the patient positioned in supine, including heel slides (10 repetitions 2 sets) and assisted left hip abduction (10 repetitions 2 sets). In sitting, the patient performed long arc quadriceps exercises (10 repetitions 3 sets). In standing, the patient completed marching and heel raises (10 repetitions 2 sets each). The patient was educated on the proper application of ice for pain management and reduction of postoperative edema. Additionally, the patient received instruction and training on the safe use of a walker to promote mobility while maintaining surgical precautions. The patient demonstrates good rehabilitation potential and is expected to benefit from skilled physical therapy services over the next several weeks to improve strength, mobility, and functional independence prior to transitioning to outpatient physical therapy services. Date of Order 01/23/2026 Orders Physician Face-to-Face Date: 01/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control, PT-eval & treat due to Left Total Hip 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: PT Eval Notes: Physician Snider, James					
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 01/23/2026					
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 Snider 22 S Greene St Baltimore, MD 21201 PHONE: FAX: NPI: 1295092351			F2F date : 01/13/2026		
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 (01/23/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26)	PATIENT-STATED GOAL: Patient states she wants her new hip to heal so she can get back to walking her dog and shopping with her daughter without being in pain.
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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	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
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications	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
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.	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
; 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	patient is adequately supervised
PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, muscle weakness, limited range of motion, poor muscle tone, swelling of affected area, limited strength, limited endurance, balance deficit, daytime fatigue, Pain Interference with ADLs, swell/redness surround. skin	caregiver administers and/or packages medications appropriately
01/29/2026: #1 - Observable Surgical Wound - Anterior Left Hip - Left hip replacement surgery, is now LOTA.	caregiver performs medical/rehabilitation treatments with adequate competence
PROCEDURES: 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 ____ 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., monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision	
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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	

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	01/23/2026

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PT WK1: 1 (01/23/26-01/24/26) ,WK2: 3 (01/25/26-01/31/26) ,WK3: 2 (02/01/26-02/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing PROCEDURES: Medication Review: The medication was reviewed with trhe patient, THR Exercises: Ankle pumps, heel slides, slr, le abd/add, long arc --10x2 reps, cough/deep breathing exercises, incentive spirometer, equipment training, gait training on uneven surfaces, 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 relaxatio, 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		PATIENT-STATED GOAL: To walk straight GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance Car Transfer - 06. Independent Don/Doff Footwear - 06. Independent 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 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 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 Sit to Stand - 06. Independent 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 Lower Body Dressing - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		

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