Home Health Certification and Plan of Care

Order ID: 1150/15974

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
37177901	02/03/2026	From: 02/03/2026 To: 04/03/2026	20912	217058

6. Patient's Name and Address

Richard Boivin
1611 Westbrooke Ln,
Jessup, MD 20794-
240-639-9113

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 04/01/1938 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/03/26

13. ICD	Other Pertinent Diagnoses	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	02/03/26
H90.3	Sensorineural hearing loss bilateral	02/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	02/03/26
I87.2	Venous insufficiency (chronic) (peripheral)	02/03/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/03/26
M54.50	Low back pain unspecified	02/03/26
G89.29	Other chronic pain	02/03/26
E66.9	Obesity unspecified	02/03/26
Z68.29	Body mass index [BMI] 29.0-29.9 adult	02/03/26
Z97.4	Presence of external hearing-aid	02/03/26
Z96.653	Presence of artificial knee joint bilateral	02/03/26
Z87.891	Personal history of nicotine dependence	02/03/26

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

Relafen - Nabumetone 500 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day as needed for joint pain
Esidrix - Hydrochlorothiazide 25 mg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning
Aldactone - Spironolactone 25 mg Oral Tab, Take 1 tablet by mouth once a day
Flomax - Tamsulosin Hydrochloride 0.4 mg, Take 1 capsule by mouth at bedtime Take 1 capsule by mouth daily at bedtime
Lipitor - Atorvastatin Calcium 20 mg, Take 1 tablet by mouth every other day Take 1 tablet by mouth every other day to prevent heart attack and stroke
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours 1-2. Tabs every 4 hours as needed for pain >6/10
Asa 81 Mg - Aspirin 81mg by mouth twice a day Take 1 81mg tab twice daily for cardiac prevention methods.
Extra Strength Tylenol - Acetaminophen 500mg by mouth every 6 hours Take 1-2 tabs every 6 hours as needed for pain but nomore than 3000mg in a 24hr period.
Extra Strength Tylenol - Acetaminophen 500mg by mouth every 6 hours Take 1-2 tabs every 6 hours as needed for pain but nomore than 3000mg in a 24hr period.

14. DME and Supplies:

commode, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , bathroom safety, anticoagulant precautions, ambulates with device, knee precautions, medication safety, ambulates with assistance, supervision at all times, transfer with assist, standard precautions, fall precautions, bleeding precautions, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, 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

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/03/2026

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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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.

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 an 87-year-old male status post left total knee replacement performed on 1/28 at Kaiser, currently at home resting comfortably with his wife, who serves as his full-time caregiver. He is a full code, has all prescribed medications available, and is managing postoperative pain with prescribed medication and an ice therapy device. The patient ambulates with a rolling walker and uses a urinal and commode over the toilet; however, he does not have a shower chair or grab rails in the bathroom. His past medical history is significant for bilateral knee osteoarthritis, lumbar spinal stenosis, chronic low back pain, obesity, peripheral venous insufficiency, benign prostatic hyperplasia, obstructive sleep apnea, and hearing loss. He reports postoperative left knee pain, stiffness, and weakness resulting in difficulty with transfers, ambulation, and functional mobility. On examination, he demonstrates bilateral lower extremity weakness greater on the left (LLE 3-3+/5, RLE 4/5), impaired balance, and altered gait mechanics with decreased left stance time and step length, requiring contact guard to minimal assistance for bed mobility, sit-to-stand transfers, and ambulation of 50-75 feet with a rolling walker; stair negotiation is currently unsafe. Skilled home health physical therapy is medically necessary to address postoperative deficits, improve strength, balance, mobility, pain and edema management, reduce fall risk, and facilitate a safe return toward prior level of function, with good rehabilitation potential noted.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/03/2026
 Order<o:p></o:p> 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 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: PT Eval Notes:<o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (02/03/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26)

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: 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, dependent edema, limited endurance, limited strength, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, bruising/discoloration, swell/redness surround. skin, #1 - Observable Surgical Wound - Other - Left knee -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left knee -: 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

SN Goals

PATIENT-STATED GOAL: Patient states he wants to regain his strength in his new knee so he can walk outside to the mailbox and get his mail again.

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

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026

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each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day., incentive spirometer, apply anti-embolitic stockings, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * 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, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (02/03/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26)

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: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , equipment training, work simplification/energy conservation, gait training on uneven surfaces, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent, Medication Review-

PT Goals

PATIENT-STATED GOAL: To have a successful post op procedure

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Medication Review-

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026