Home Health Certification and Plan of Care

Order ID: 1150/16064

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44313874	02/05/2026	From: 02/05/2026 To: 04/05/2026	21429	217058

6. Patient's Name and Address

Diane Abrams
8110 High Point Rd,
Clearwater Beach, MD 21226-
443-306-6598

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 11/08/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/05/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	02/05/26
J45.909	Unspecified asthma uncomplicated	02/05/26
E78.5	Hyperlipidemia unspecified	02/05/26
M17.11	Unilateral primary osteoarthritis right knee	02/05/26
R73.03	Prediabetes	02/05/26
E66.9	Obesity unspecified	02/05/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	02/05/26
Z79.82	Long term (current) use of aspirin	02/05/26
Z96.1	Presence of intraocular lens	02/05/26

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

Accuneb - Albuterol Sulfate 2 Puffs (0.90mcg each) inhalant every 4 hours As needed for cough, shortness of breath, or wheezing.
Asa 81 Mg - Aspirin 1 Tablet (81mg) by mouth once a day Heart Health, Blood clot prevention.
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 1-2 Tablets (5-10mg) by mouth every 4 hours Take 1-2 tablets every 4 hours as needed for moderate to severe pain rated 5-10 on numeric scale.
Lansoprazole - Lansoprazole 15 mg 1 Tablet by mouth once a day Take daily 30 minutes prior to first meal of the day.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet (25mcg [1,000 unit]) by mouth once a day Vitamin D supplementation

14. DME and Supplies:

walker, cane

15. Safety Measures:

walker precautions, emergency phone # clearly displayed, bathroom safety, ambulates with device, restricted ROM, , knee precautions, ambulates with assistance, , , , activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Cane, 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 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

Homebound status:

After undergoing Left Total Knee 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 69-year-old female with a history of bilateral knee osteoarthritis who underwent a left total knee replacement (TKR) on February 4, 2026. She returned home the same day with assistance from family members, who are available at all times to provide support. She is admitted to home health services for skilled nursing observation, education, medication management, and physical therapy following her joint replacement. She reports no other significant medical history and takes fewer than five medications daily. Pain is reported as well controlled with her current medication regimen. At the time of physical therapy evaluation, informed consent was obtained and the plan of care was discussed with the patient and primary caregiver, both of whom agreed to the proposed treatment plan. Following surgery, the patient presents with decreased endurance and mobility, increasing her risk for falls. Deficits include left knee pain, decreased knee strength and range of motion, impaired functional mobility, difficulty negotiating steps, unsteady gait, decreased balance, impaired transfer ability, decreased safety awareness, and a history of falls. To safely exit the home, she requires assistance from another person and use of an assistive device, meeting homebound criteria. On assessment, the patient required minimal assistance to standby assistance for safe sit-to-stand and stand-to-sit transfers using a walker, with verbal cueing provided for proper hand and foot placement, forward weight shift, and reaching back prior to sitting. She ambulated on level surfaces with a walker under standby assistance, requiring cues for proper positioning within the walker, increased bilateral step height and length, and overall safety. She was instructed to use the walker at all times during ambulation. Passive range of motion of the left knee was performed in the supine position. Therapeutic exercises were initiated, including ankle pumps, quadriceps sets, and gluteal sets (1 set of 20 repetitions), and heel slides (1 set of 10 repetitions). A written home exercise program was provided with instructions to perform exercises twice daily. Education was provided regarding the importance of daily ambulation to promote circulation and prevent postoperative complications. The patient was instructed to initiate a walking program consisting of short walks every 1-2 hours within the home and to begin with 3-5 minute longer walks, gradually progressing as tolerated. Comprehensive education was provided on edema management, including elevating the lower extremities above heart level during rest periods and use of compression garments if recommended by the physician. Signs and symptoms of surgical site infection were reviewed, including fever, chills, redness, swelling, increased pain, bleeding, drainage, persistent nausea or vomiting, or pain not relieved by medication. The patient was instructed to apply ice to the left knee for 20 minutes at a time with a protective barrier, performing skin checks every five minutes during icing. Pain management education included taking prescribed analgesics at the onset of pain, anticipating potential side effects such as dizziness and constipation, and taking pain medication approximately one hour prior to therapy sessions to optimize participation. The patient was instructed to contact her provider or emergency services for chest pain, shortness of breath, or unrelieved severe pain. Fall prevention strategies and home safety measures were reviewed, including environmental modifications to reduce risk. Skilled physical therapy is medically necessary to improve strength, range of motion, balance, gait mechanics, transfer safety, stair negotiation, endurance, and overall functional mobility in order to restore independence and reduce fall risk. Without skilled intervention, the patient remains at risk for falls, functional decline, and delayed postoperative recovery. The physical therapy plan of care includes a frequency of 1 visit for 1 week, followed by 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for 1 week, then 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for 1 week beginning February 5, 2026. The patient is scheduled to transition to outpatient physical therapy on February 18, 2026, and has a follow-up appointment with the physician assistant on the same date. Care will be transitioned to another therapist moving forward to ensure continuity of services.
 Date of Order <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/05/2026

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 : 01/21/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/16064

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44313874	02/05/2026	From: 02/05/2026 To: 04/05/2026	21429	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Diane Abrams 8110 High Point Rd, Clearwater Beach, MD 21226- 443-306-6598	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

14px;">02/05/2026 Orders Physician Face-to-Face Date: 01/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee 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: soc PT Eval Notes:
 Physician Huang , James

SN Careplans

SN WK1: 1 (02/05/26-02/07/26) ,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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, 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, obesity, #1 - Non-Observable Surgical Wound - Anterior Left Knee - TKR, Left with non-removable surgical dressing.

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - TKR, Left with non-removable surgical dressing., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Observe Left knee for s/sx of infection. Do not remove dressing. On the 7th day RN to remove the dressing and observe for s/sx of infection. After dressing removal leave suture site open to air unless drainage noted. Notify MD for any s/sx of infection., 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 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, patient's living environment is clean/uncluttered, patient is adequately supervised

SN Goals

PATIENT-STATED GOAL: Patient states "I want my knee to heal without complications so that I can go back to work."

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 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

patient's living environment is clean/uncluttered

patient is adequately supervised

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/05/2026

Home Health Certification and Plan of Care

Order ID: 1150/16064

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
44313874	02/05/2026	From: 02/05/2026 To: 04/05/2026	21429	217058

6. Patient's Name and Address

Diane Abrams
8110 High Point Rd,
Clearwater Beach, MD 21226-
443-306-6598

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

PT WK1: 1 (02/05/26-02/07/26) ,WK2: 3 (02/08/26-02/14/26) ,WK3: 2 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170N1 - 4 Steps, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170F1 - Toilet Transfer, 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

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To get back on my feet again

GOALS

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

1 - Step (curb) - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

Walk 10 Feet - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/05/2026