Home Health Certification and Plan of Care

Order ID: 1150/16180

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
65236166	02/10/2026	From: 02/10/2026 To: 04/10/2026	21651	217058

6. Patient's Name and Address
Uchenna Okechukwu
614 Paddle Wheel Ct E,
MILLERSVILLE, MD 21108-
301-523-1116

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 02/10/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/10/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	02/10/26
I70.0	Atherosclerosis of aorta	02/10/26
E78.5	Hyperlipidemia unspecified	02/10/26
M54.50	Low back pain unspecified	02/10/26
G89.29	Other chronic pain	02/10/26
R73.03	Prediabetes	02/10/26
E66.9	Obesity unspecified	02/10/26
Z68.39	Body mass index [BMI] 39.0-39.9 adult	02/10/26
Z96.653	Presence of artificial knee joint bilateral	02/10/26

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

Colace - Docusate Sodium 100mg by mouth twice a day Take 1 tab twice daily for constipation
Hydrochlorothiazide - Hydrochlorothiazide 25 mg 25mg by mouth once a day Take one tab daily for blood pressure
Doxazosin - Doxazosin Mesylate 2mg by mouth once a day Take 1 tab daily for blood pressure
Cozaar - Losartan Potassium 100 mg 100mg by mouth once a day Take 1 tab daily for blood pressure
Propanolol - Hydrochlorothiazide: Propranolol Hydrochloride 20mg by mouth twice a day Take one tab daily for cardiac
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Take 1-2 tabs every fou4 hours as needed for pain >5/10
Lipitor - Atorvastatin Calcium eq 40 mg base 40mg by mouth once a day Take 1 tab nightly for cholesterol
Aspirin 81Mg - Aspirin 81 MG Oral Tablet , Take 1 tablet by mouth twice a day Take 1 tab twice daily for heart

14. DME and Supplies:
rolling walker, hand held shower, bath bench, cane, 4 wheeled walker, walker, grab bars

15. Safety Measures:
infectious material management, walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, transfer with assist, supervision at all times, ambulates with assistance, , knee precautions, hand rails, bathroom safety, , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

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: 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.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

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 69-year-old female originally from Nigeria who is status post elective left total knee arthroplasty (TKA) performed on 02/09/2026. She was admitted to home health services for evaluation and management of multiple chronic medical conditions and postoperative rehabilitation. Her past medical history is significant for osteoarthritis of the left knee (diagnosed 08/05/2024), osteoarthritis of the right knee status post right total knee replacement (07/01/2016), chronic low back pain greater than three months' duration, hypertension, prediabetes, bilateral lower extremity edema, obesity (BMI 39.8), atherosclerosis of the aorta, endometrial thickening, cervicogenic headaches, and high-risk HPV positivity. She resides in a townhome with her daughter and grandson; her daughter serves as her full-time caregiver. The patient has her own bedroom with a queen-sized bed and appropriate space for recovery and mobility. Upon nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was resting comfortably in bed with a cold therapy device (Iceman) in place over the left knee. She reports her postoperative pain is well controlled with acetaminophen (Tylenol) and oxycodone as prescribed. All prescribed medications are present in the home, and her daughter is managing medication administration times and upcoming doses. The patient is designated as full code. Her last bowel movement occurred yesterday prior to surgery; bowel function will require monitoring postoperatively due to opioid use and decreased mobility. Mild swelling is noted at the left knee consistent with recent surgery. The surgical dressing is clean, dry, and intact, with no signs of drainage or infection observed at this time. Per orders, the surgical dressing is to be removed by physical therapy in approximately one week. The patient is compliant with use of compression stockings for edema and venous thromboembolism prevention and verbalizes understanding of signs and symptoms that would warrant contacting her provider, including increased pain, redness, drainage, fever, calf pain, or shortness of breath. She correctly demonstrated use of her incentive spirometer, indicating understanding of pulmonary hygiene to prevent postoperative complications. Functionally, the patient presents with left lower extremity weakness (manual muscle testing approximately 3-/5), limited left knee range of motion, antalgic gait pattern, impaired dynamic standing balance (Fair-), and decreased endurance. These deficits impact her functional mobility, requiring minimal assistance for bed mobility and sit-to-stand transfers. She is able to ambulate approximately 25-50 feet using a four-wheeled walker with contact guard assistance and a slow, step-to gait pattern. She also has a shower chair available in the home to support safe bathing. The patient is homebound due to postoperative pain, weakness, limited endurance, impaired balance, and the need for an assistive device and caregiver assistance, making leaving the home a taxing effort. Skilled home health physical therapy is medically necessary to address therapeutic exercise, progressive range of motion, gait and transfer training, balance re-education, edema management, fall prevention strategies, and progression toward safe and independent household ambulation. The patient is scheduled to transition to outpatient therapy in approximately two weeks, and home health services will focus on improving strength, knee mobility, safety awareness, and overall functional independence to reduce the risk of postoperative complications and rehospitalization. The plan of care includes continued monitoring of the surgical site, pain management effectiveness, bowel status, edema control, reinforcement of medication adherence, and caregiver education to support optimal recovery.
 Date of Order 02/10/2026 Orders Physician Face-to-Face Date: 01/28/2026 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 Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/10/2026

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 : 01/28/2026

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 (02/10/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26)

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, dependent edema, limited strength, limited endurance, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, bruising/discoloration, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Other - Left Knee - Left TKA surgical incision

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Left Knee - Left TKA surgical incision: 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., cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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

PATIENT-STATED GOAL: Patient states she wants to regain her strength in her left knee so she can go to Nigeria this summer with her daughter and grandson.

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

PT Careplans

PT WK1: 3 (02/10/26-02/14/26) ,WK2: 3 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170F1 - Toilet Transfer, 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand

PT Goals

PATIENT-STATED GOAL: To have successful post surgical outcome

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/10/2026

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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/stair training, transfers training

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* teach relaxatio

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

1 - Step (curb) - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Walk 10 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

Oral Hygiene - 06. Independent

Eating - 06. Independent

4 Steps - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/10/2026