Home Health Certification and Plan of Care

Order ID: 1150/16244

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35673334	02/11/2026	From: 02/11/2026 To: 04/11/2026	21097	217058

6. Patient's Name and Address

Pamela Garnett
201 Cork Lane Apt 102,
REISTERSTOWN, MD 21136-
410-205-3942

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 05/19/1957 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T84.020D	Dislocation of internal right hip prosthesis subs encntr	02/11/26

13. ICD	Other Pertinent Diagnoses	Date
M54.17	Radiculopathy lumbosacral region	02/11/26
G89.4	Chronic pain syndrome	02/11/26
F41.1	Generalized anxiety disorder	02/11/26
F33.9	Major depressive disorder recurrent unspecified	02/11/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/11/26
N18.31	Chronic kidney disease stage 3a	02/11/26
D63.1	Anemia in chronic kidney disease	02/11/26
D68.311	Acquired hemophilia	02/11/26
E02.	Subclinical iodine-deficiency hypothyroidism	02/11/26
M79.7	Fibromyalgia	02/11/26
Z85.3	Personal history of malignant neoplasm of breast	02/11/26
Z85.43	Personal history of malignant neoplasm of ovary	02/11/26
Z85.850	Personal history of malignant neoplasm of thyroid	02/11/26
Z79.01	Long term (current) use of anticoagulants	02/11/26
Z79.82	Long term (current) use of aspirin	02/11/26
Z91.81	History of falling	02/11/26
Z87.891	Personal history of nicotine dependence	02/11/26

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

Asa 81 Mg - Aspirin 81 mg by mouth twice a day bid for 4 weeks
Acetaminophen And Codeine Phosphate - Acetaminophen: Codeine Phosphate 500 mg;15 mg 2 by mouth every 8 hours pain
Amlodipine - Amlodipine Besylate 10 mg by mouth in the evening BP
Bupropion Hydrobromide - Bupropion Hydrobromide 1 tablet 150 mg by mouth once a day
Cyproheptadine Hydrochloride - Cyproheptadine Hydrochloride 2 mg/5ml 1 tablet by mouth twice a day
Iron - Ferrous Sulfate: Folic Acid 300 mg 1 tablet by mouth once a day

14. DME and Supplies:

rolling walker

15. Safety Measures:

activity supervision, ambulates with assistance, ambulates with device, , hip precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

compazine penicillins raloxifene shellfish ibuprofen

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Partial Weight Bearing, Up As Tolerated, 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: 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Dislocation Of Internal Right Hip Prosthesis, Subsequent Encounter, 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 68-year-old female with a past medical history significant for recurrent hip dislocations, including a recent anterior dislocation of the right hip, for which she was hospitalized on 12/29/2025. She was referred for skilled home health physical therapy evaluation and treatment following discharge. The patient reports a longstanding history of multiple hip dislocations and chronic hip instability. She is currently under strict posterior hip precautions to minimize the risk of further dislocation. At the time of evaluation, the patient presents with pain, lower extremity weakness, impaired balance, and decreased functional mobility. She requires supervision to contact guard assistance for bed mobility and sit-to-stand transfers secondary to pain, weakness, and the need to consistently adhere to posterior hip precautions. During functional mobility tasks, she requires both verbal and tactile cueing to maintain proper positioning and to avoid hip flexion beyond 90 degrees, adduction past midline, and internal rotation. The patient ambulates approximately 40-60 feet with a rolling walker and contact guard assistance. Gait <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals impaired mechanics, reduced step length, and decreased safety awareness, particularly related to maintaining hip precautions during dynamic movement. Skilled intervention is medically necessary to address deficits in strength, neuromuscular control, balance, and gait mechanics. Treatment will focus on progressive therapeutic exercises to improve lower extremity strength and stability, neuromuscular re-education to enhance proprioception and motor control, gait training with an assistive device to promote safe ambulation, and comprehensive fall prevention strategies. Patient education has been initiated regarding strict adherence to posterior hip precautions, safe transfer techniques, proper use of the rolling walker, and environmental modifications to reduce fall risk. The plan of care includes short-term skilled home health physical therapy to maximize functional independence, improve safety with mobility, reduce the risk of recurrent dislocation, and prevent rehospitalization. The patient is anticipated to transition to outpatient physical therapy services upon meeting home health goals and demonstrating improved safety and functional capacity.
 Date of Order 02/11/2026 Orders Physician Face-to-Face Date: 01/29/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Dislocation Of Internal Right Hip Prosthesis, Subsequent Encounter 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 - PT Notes: soc
 Physician Ferentz, Kevin

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kevin Ferentz
29 S Paca St
Baltimore, MD 21201
PHONE: 4105817804 FAX: 14103566507 NPI: 1619980448

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 : 01/29/2026

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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PT Careplans

PT WK1: 1 (02/11/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: GG0170D1 - Sit to Stand, 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, muscle weakness

PROCEDURES: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

caregiver performs medical/rehabilitation treatments with adequate competence

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
02/11/2026

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confusion at this time. , B LE strengthening, home exercise program, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/11/2026