Home Health Certification and Plan of Care

Order ID: 1150/16265

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
391292164	02/13/2026	From: 02/13/2026 To: 04/13/2026	22012	217058

6. Patient's Name and Address

Vincent Nwanna
3614 Yennar Ln Apt 2A,
WINDSOR MILL, MD 21244-
443-657-3734

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 05/11/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/13/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	02/13/26
M19.011	Primary osteoarthritis right shoulder	02/13/26
I10.	Essential (primary) hypertension	02/13/26
E78.5	Hyperlipidemia unspecified	02/13/26
E03.9	Hypothyroidism unspecified	02/13/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/13/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/13/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	02/13/26
H26.9	Unspecified cataract	02/13/26
Z86.0101	Personal history of adeno	02/13/26
Z86.19	Personal history of other infectious and parasitic diseases	02/13/26
Z79.82	Long term (current) use of aspirin	02/13/26
Z87.891	Personal history of nicotine dependence	02/13/26

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

ARTHROTEC 4 Grams Topical 2 times a day Apply 4 Grams to affected area(s) 2 times a day
8-HOUR BAYER 1 tablet Oral 2 times a day for 28 days Take 1 tablet by mouth 2 times a day for 28 days
COLACE 1 capsule Oral 2 times a day Take 1 capsule by mouth 2 times a day
blood-glucose meter (ONETOUCH VERIO FLEX METER) Misc Misc as directed Use as directed for monitoring blood sugars
ARMOUR THYROID 1 tablet Oral every morning 30 minutes before a meal Take 1 tablet by mouth every morning 30 minutes before a meal
ALEVE 1 tablet Oral 2 times a day as needed Take 1 tablet by mouth 2 times a day as needed for inflammation or joint pain
blood-glucose control, normal (ONETOUCH VERIO MID CONTROL) Misc Soln as directed Use as directed to verify verio monitor
ASCORBIC ACID 1 capsule Oral every 7 days Take 1 capsule by mouth every 7 days
GABAPENTIN 1 capsule Oral 3 times a day Take 1 capsule by mouth 3 times a day
EZETIMIBE AND SIMVASTATIN 1 tablet Oral every morning Take 1 tablet by mouth every morning
RBC-SCAN mornings and evenings Check your blood sugar in the mornings before breakfast and in the evenings before dinner
lancets (ONETOUCH DELICA PLUS LANCET) 30 gauge Misc Misc 30 g 2 times a day use directed 2 times a day to monitor blood sugar: mornings before breakfast and evenings before dinner
CYMBALTA 1 capsule Oral daily Take 1 capsule by mouth daily
FEOSOL 1 tablet Oral daily Take 1 tablet by mouth daily
AKTEN 4 % Topical once a day apply to affected(es) topically once a day
0 0 1 tablet Oral every 4 to 6 hours as needed for pain Take 1 tablet by mouth every 4 to 6 hours as needed for pain (max 2 tablets as needed)-Oxycodone

14. DME and Supplies:

bath bench, reacher, rolling walker

15. Safety Measures:

hip precautions, standard precautions, restricted ROM, ambulates with assistance, anticoagulant 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, 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

patient will be responsible for managing treatment

Homebound status:

After undergoing Right Total Hip 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 a 76-year-old male with a past medical history significant for hypertension, hyperlipidemia, hypothyroidism, prediabetes, osteoporosis, remote chronic hepatitis C, benign prostatic hyperplasia, and osteoarthritis. He was referred for skilled home health physical therapy following a right total hip replacement. The patient presents with bilateral lower extremity weakness (operative limb 3+/5, non-operative limb 4-/5), impaired dynamic balance consistent with a moderate fall risk per Tinetti/POMA, decreased endurance, and an antalgic gait pattern. He ambulates approximately 75-100 feet with a rolling walker requiring minimal assistance, with increased time to complete mobility tasks, decreased stance time on the operative limb, and reduced step length. He requires moderate assistance for sit-to-stand, pivot transfers, and bed mobility. The patient negotiates 4-6 steps with a handrail and moderate assistance, utilizing proper stair sequencing techniques. Skilled home health physical therapy is medically necessary to address strengthening, balance training, gait training, transfer training, stair negotiation, and progression of a home exercise program to restore functional independence and reduce the risk of rehospitalization.<o:p></o:p> <o:p> </o:p> <o:p> </o:p> Date of Order<o:p></o:p> 02/13/2026
 Physician Face-to-Face Date: 01/27/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip 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 - PT Notes:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> <o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/13/2026

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 : 01/27/2026

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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class="MsoNoSpacing">Physician: Huang, James</p>

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/13/26-02/14/26) ,WK2: 2 (02/15/26-02/21/26) ,WK3: 3 (02/22/26-02/28/26)

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: 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: 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, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Thigh - Covered with aquacel dressing. to be removed by PT by 7th day post op

PT Goals

PATIENT-STATED GOAL: Have a successful post surgical outcome

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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/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 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:	Date
Electronically Signed by Messick, Charles RN	02/13/2026

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PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Thigh - Covered with aquacel dressing. to be removed by PT by 7th day post op, B LE mm strengthening, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , home exercise program: 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., 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, * 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 performs medical/rehabilitation treatments with adequate competence, 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

Signature of Physician:	Date
	PAGE 3 of 3
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