Home Health Certification and Plan of Care

Order ID: 1150/16380

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52242083	02/18/2026	From: 02/18/2026 To: 04/18/2026	22014	217058

6. Patient's Name and Address
Rekhaben Chokhawala
12344 Preakness Circle Lane,
Clarksville, MD 21029-
516-849-3735

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 07/21/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/18/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	02/18/26
M17.11	Unilateral primary osteoarthritis right knee	02/18/26
I10.	Essential (primary) hypertension	02/18/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	02/18/26
I70.0	Atherosclerosis of aorta	02/18/26
E03.9	Hypothyroidism unspecified	02/18/26
D31.32	Benign neoplasm of left choroid	02/18/26
E78.5	Hyperlipidemia unspecified	02/18/26
E66.9	Obesity unspecified	02/18/26
Z68.35	Body mass index [BMI] 35.0-35.9 adult	02/18/26
Z90.710	Acquired absence of both cervix and uterus	02/18/26

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

ARMOUR THYROID 88 mcg Oral every morning 30 minutes before a meal
blood-glucose meter (ONETOUCH VERIO FLEX METER) Misc Misc 1 Kit Use as directed for monitoring blood sugars
lancets (ONETOUCH DELICA PLUS LANCET) 30 gauge Misc Misc 30 gauge Check twice daily
Lipitor - Atorvastatin Calcium eq 20 mg base by mouth at bedtime 1 tab nightly for cholesterol
Metformin - Metformin Hydrochloride 500mg tabs by mouth twice a day 1 tab twice daily for diabetes
ALENDRONATE SODIUM eq 70 mg base 70 mg Oral every 7 days Patient is now taking injection on Wednesdays last injection was 2/18/26.
Colace - Docusate Sodium 100mg by mouth twice a day ! tab twice daily for constipation
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth once a day Take 1-2 tabs every 4 hours as needed for pain

14. DME and Supplies:
4 wheeled walker

15. Safety Measures:
walker precautions, smoke detectors , , , diabetic precautions, , ambulates with device, transfer with assist, supervision at all times, emergency phone # clearly displayed, , 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
None of the above

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 72-year-old Farsi-speaking female status post left total knee arthroplasty (TKA), currently residing with her daughter in Clarksville, Maryland, who assists with translation and caregiving. Her past medical history is significant for type 2 diabetes mellitus with cataract, hypertension, hyperlipidemia, hypothyroidism, obesity (BMI 35.8), and bilateral knee osteoarthritis. She is designated as Full Code, with a MOLST on file, and all prescribed medications are available in the home. Postoperatively, the patient is ambulating with a rolling walker and requires one-person assistance. She demonstrates left lower extremity weakness with manual muscle testing graded at 3/5, impaired standing balance rated as fair, antalgic gait mechanics, decreased left knee range of motion, and reduced endurance. She requires standby assistance for transfers and ambulates approximately 75 feet with a rolling walker and contact guard assistance. These deficits limit her ability to safely perform bed mobility, sit-to-stand transfers, and household ambulation independently. The surgical dressing is clean, dry, and intact with no signs or symptoms of infection noted. The patient reports pain rated at 2/10 while seated and 5/10 with standing or ambulation. She is managing postoperative pain and swelling with prescribed analgesics and use of a cold therapy device (Iceman), with reported benefit. Physical therapy evaluated the patient earlier today and is scheduled to return on Friday. She is expected to transition to outpatient physical therapy in approximately two weeks; therefore, the registered nurse plans to schedule a follow-up visit to coincide with discharge planning. The patient is considered homebound due to postoperative pain, lower extremity weakness, impaired balance, and the need for an assistive device, making leaving the home require considerable and taxing effort. Skilled home health physical therapy remains medically necessary to address strength deficits, improve range of motion, enhance balance and gait mechanics, manage pain, and reduce fall risk in order to restore safe functional independence and prevent potential rehospitalization.
 Date of Order 02/18/2026 Orders Physician Face-to-Face Date: 02/05/2026 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 WK1: 1 (02/18/26-02/21/26) ,WK2: 1 (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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to walk again without any pain or falls.

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/18/2026

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 : 02/05/2026

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: 1150/16380

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52242083	02/18/2026	From: 02/18/2026 To: 04/18/2026	22014	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Rekhaben Chokhawala 12344 Preakness Circle Lane, Clarksville, MD 21029- 516-849-3735	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, muscle weakness, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, swell/redness surround. skin, bruising/discoloration, #1 - Observable Surgical Wound - Other - Left Knee - Left surgical incision from TKA

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left Knee - Left surgical incision from TKA: 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., 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, * 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 administers and/or packages medications appropriately

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/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 administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (02/18/26-02/21/26) ,WK2: 3 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26)

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

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

PT Goals

PATIENT-STATED GOAL: To have a successful post surgical Outcome

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/18/2026

Home Health Certification and Plan of Care

Order ID: 1150/16380

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
52242083	02/18/2026	From: 02/18/2026 To: 04/18/2026	22014	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Rekhaben Chokhawala 12344 Preakness Circle Lane, Clarksville, MD 21029- 516-849-3735	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

effects, or confusion at this time. , 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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Walk 10 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Eating - 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
* teach relaxatio

Sit to Stand - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/18/2026