Home Health Certification and Plan of Care

Order ID: 1150/16419

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
261087510	02/19/2026	From: 02/19/2026 To: 04/19/2026	22253	217058

6. Patient's Name and Address
Norma Birckhead
5301 Al Jones Dr,
SHADY SIDE, MD 20764-
202-486-7686

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 10/18/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/19/26

13. ICD	Other Pertinent Diagnoses	Date
N32.81	Overactive bladder	02/19/26
G62.9	Polyneuropathy unspecified	02/19/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	02/19/26
F41.9	Anxiety disorder unspecified	02/19/26
Z96.643	Presence of artificial hip joint bilateral	02/19/26
Z87.891	Personal history of nicotine dependence	02/19/26

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

ACETASOL 20 mg Oral daily in morning 30-60 minutes prior to a meal.
MYRBETRIQ 50 mg Oral daily
CYMBALTA 30 mg Oral daily
DESYREL 50 mg Oral at bedtime as needed for sleep
AMILODIPINE 5 mg Oral daily
AMLODIPINE BESYLATE AND ATORVASTATIN CALCIUM 20 mg Oral daily for cholesterol and heart protection
GABAPENTIN 300 mg 100 mg Oral daily at bedtime
Docusate Sodium - Docusate Sodium 100 mg by mouth twice a day as needed for constipation
Ondansetron - Ondansetron 4 mg 1 tab sublingual every 8 hours 1 tab on tongue every 8 hrsas needed for nausea or vomitting
Meloxicam - Meloxicam 15 mg 1 tab by mouth once a day
Asa 81 Mg - Aspirin 1 tab by mouth twice a day
Acetaminophen - Acetaminophen 500 mgs by mouth every 8 hours 2 tabs every 9 hours as needed for mild to moderate pain

14. DME and Supplies:
rolling walker, bath bench, reacher, grab bars, cane

15. Safety Measures:
transfer with assist, hand rails, , , avoid temperature extremes, ambulates with device, , emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , , hip precautions, bathroom safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
codeine

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, Cane, Walker, 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 Left Total Hip 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: Start of care (SOC) admission was completed today, and all required consents were obtained. The patient is a 75-year-old female who underwent a left total hip replacement (THR) on 02/18/2026 via an anterior approach. She returned home the same day as surgery with assistance from family members and currently has family available at all times to provide support and assistance as needed. The patient is under anterior hip precautions consistent with her surgical approach and has been instructed to adhere strictly to these precautions to prevent dislocation and promote optimal healing. At the time of admission, the patient was evaluated for post-surgical status, safety within the home environment, and need for skilled physical therapy services. Education was provided regarding anterior hip precautions, safe mobility techniques, fall prevention strategies, proper use of assistive devices, pain management strategies, and recognition of potential postoperative complications such as infection, deep vein thrombosis, and increased pain or swelling. The patient and family demonstrated understanding of the instructions provided. A plan of care was established to address postoperative weakness, impaired mobility, decreased functional endurance, and to facilitate a safe return to prior level of function through skilled physical therapy interventions. Continued skilled services are medically necessary to monitor recovery, reinforce education, ensure compliance with hip precautions, and progress therapeutic exercises and functional mobility training. Please refer to the Clinicians tab for comprehensive details regarding today's admission <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and full clinical findings.
 Date of Order 02/19/2026 Orders Physician Face-to-Face Date: 02/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip 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 - PT Notes: PT SOC post operative dressing to be removed in two weeks at the Kaiser clinic
 Physician Grenier, Eric

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eric Grenier
10810 Connectivut Ave
Kensington, MD 20895
PHONE: 8007777904 FAX: NPI: 1649595109

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 : 02/04/2026

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 WK1: 1 (02/19/26-02/21/26) ,WK2: 3 (02/22/26-02/28/26) ,WK3: 2 (03/01/26-03/07/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 50 > 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, 9. Other risk(s) not listed in 1- 8

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: GG0170E1 - Chair to Bed to Chair, 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, swelling of affected area, muscle weakness, limited range of motion

PROCEDURES: incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments: Pt to observe anterior approach THPs, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide Seated-LAQ, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Pt instructed to apply ice to L hip x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control, assist with fall prevention

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, 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 - 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

PATIENT-STATED GOAL: I would like to be able to lift my left leg

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

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

caregiver administers and/or packages medications appropriately

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

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
02/19/2026

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assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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