Home Health Certification and Plan of Care

Order ID: 1150/16495

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01161066	02/21/2026	From: 02/21/2026 To: 04/21/2026	20910	217058

6. Patient's Name and Address

Vivian Gary
7814 Edgewood Ave,
PASADENA, MD 21122-
240-437-7210

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 09/17/1934 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/21/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	02/21/26
M17.12	Unilateral primary osteoarthritis left knee	02/21/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/21/26
N18.30	Chronic kidney disease stage 3 unspecified	02/21/26
M54.50	Low back pain unspecified	02/21/26
G89.29	Other chronic pain	02/21/26
E03.9	Hypothyroidism unspecified	02/21/26
E55.9	Vitamin D deficiency unspecified	02/21/26
F41.9	Anxiety disorder unspecified	02/21/26
R73.03	Prediabetes	02/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/21/26
Z79.82	Long term (current) use of aspirin	02/21/26
Z95.818	Presence of other cardiac implants and grafts	02/21/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/21/26
Z85.020	Personal history of malignant carcinoid tumor of stomach	02/21/26
Z90.49	Acquired absence of other specified parts of digestive tract	02/21/26
Z90.710	Acquired absence of both cervix and uterus	02/21/26
Z87.891	Personal history of nicotine dependence	02/21/26

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

Cymbalta - Duloxetine Hydrochloride 30 mg Oral capsule,take 2 tablet by mouth once a day 30 mg
Oral CPDR SR Cap,Take 2
capsules
by mouth
daily
Ultram - Tramadol Hydrochloride 50 mg Oral Tab,take 1 tablet by mouth twice a day Take 1
tablet by
mouth 2
times a
day as
needed for
pain
Levothroid - Levothyroxine Sodium 75 mcg Oral Tab,take 1 tablet by mouth once a day 75
mcg Oral Tab,Take 1
tablet by
mouth
daily
Tenormin - Atenolol 25 mg Oral Tab,take 1 tablet by mouth once a day 25 mg Oral
Tab,Take 1
tablet by
mouth
daily
Plavix - Clopidogrel Bisulfate 75 mg Oral Tab,Take 1 tablet by mouth once a day Take 1
tablet by
mouth
daily
Pristiq - Desvenlafaxine Succinate 50 mg Oral Tablet,take 1 tablet by mouth once a day 50 mg
Oral 24hr SR Tab,Take 1
tablet by
mouth
daily
Lipitor - Atorvastatin Calcium 40 mg Oral Tab,take 1 tablet by mouth once a day Take 1
tablet by
mouth
daily for
cholesterol
and heart
protection
Procardia Xl - Nifedipine 60 mg Oral TR24 SR TAB,Take 1 tablet by mouth once a day Take 1
tablet by
mouth
daily
Aspirin - Aspirin 81 mg Oral tablet by mouth once a day 81 mg Oral TBEC DR Tab,Take 81
mg by
mouth
daily
Oxycontin - Oxycodone Hydrochloride 5mg by mouth every 4 hours Take 1-2 tabs as needed for pain
Colace - Docusate Sodium 10 MG, Give 1 tablet by mouth once a day Use as directed for constipation

14. DME and Supplies:

rolling walker, bath bench, Elevate toilet seat

15. Safety Measures:

transfer with assist, walker precautions, , knee precautions, , bathroom safety, ambulates with device, , ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/21/2026

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 : 02/06/2026

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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19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:	22.B.Discharge Plans
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.	family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment

Homebound status: After undergoing Left Knee 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: The patient is a 78-year-old female with a past medical history significant for bilateral knee osteoarthritis who recently underwent total left knee replacement. (Physical therapy documentation references the patient as 91 years old; clarification of the age discrepancy is recommended to ensure accuracy of the medical record.) Skilled nursing services are focused on postoperative care requiring follow-up <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and monitoring. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time, and was observed resting comfortably in a recliner with her daughter present and actively involved in care. She has returned home following surgery performed on 02/19/2026 and has continuous family support available. Following joint replacement, the patient demonstrates decreased endurance and mobility, placing her at increased risk for falls. She requires assistance from another person and the use of an assistive device to safely leave the home. Identified deficits include left knee pain, decreased knee strength, impaired functional mobility, difficulty negotiating steps, unsteady gait, impaired transfers, decreased balance, history of falls, reduced safety awareness, and elevated fall risk. She requires minimal assistance to standby assistance for safe transfers and standby assistance for ambulation with a walker. Bed mobility requires minimal assistance with cueing for proper body mechanics. Physical therapy interventions included instruction and performance of supine therapeutic exercises consisting of ankle pumps, quadriceps sets, and gluteal sets (1 set of 20 repetitions each) and heel slides (1 set of 10 repetitions). Passive range of motion of the left knee was performed in the supine position. A written home exercise program was provided with instructions to complete exercises twice daily. The patient was instructed in safe transfer techniques using a walker, including proper hand and foot placement, forward weight shift, and reaching back prior to sitting. Gait training was performed on level surfaces with standby assistance, with cues provided for maintaining proper position within the walker, increasing bilateral step height and length, and ensuring overall safety. The patient was advised to use the walker at all times during ambulation. Education was provided regarding edema management, including elevation of the lower extremities above heart level during rest periods and use of compression garments if recommended by the physician. Signs and symptoms of infection were reviewed, including fever, chills, redness, swelling, increased pain, bleeding, discharge from the surgical site, persistent nausea or vomiting, and unrelieved pain. The patient was also instructed in home safety measures and fall prevention strategies per the postoperative handbook, including environmental modifications to reduce fall risk. Education was reinforced on the importance and benefits of daily ambulation to improve circulation and prevent complications of inactivity. A walking program was initiated, recommending short walks every 1-2 hours within the home, beginning with 3-5 minutes and gradually progressing as tolerated. Pain is reported as well controlled with current medications. The patient was educated on effective pain management strategies, including taking pain medication at the onset of discomfort, taking prescribed medication approximately one hour prior to therapy sessions, and monitoring for side effects such as dizziness and constipation. She was instructed to seek emergency care or notify her provider for chest pain, shortness of breath, or unrelieved severe pain. Instruction was provided regarding appropriate ice application to the left knee for 20 minutes at a time with a protective barrier, with skin checks every five minutes. The patient verbalized understanding of all instructions via teach-back. The physical therapy plan of care was discussed and developed collaboratively with the patient and caregiver, both of whom agreed. The patient is scheduled to receive home physical therapy beginning 02/23/2026 at a frequency of three times weekly for two weeks (Monday/Wednesday/Thursday), with transition to outpatient physical therapy on 03/09/2026. She is scheduled to follow up with Dr. Huang on 03/05/2026. Skilled services will continue to focus on postoperative monitoring, strengthening, gait and balance training, fall prevention, pain management, and progression toward safe, independent functional mobility within the home environment.
 Date of Order 02/21/2026 Orders Physician Face-to-Face Date: 02/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Knee 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 - SN Notes: soc PT Eval Notes: eval
 Physician Huang , James

SN Careplans

SN WK1: 1 (02/21/26-02/21/26) ,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: 1. Non-agency caregiver(s) currently 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

SN Goals

PATIENT-STATED GOAL: to walk without pain

GOALS
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 relaxation skills and diversional activities
* 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 medication(s) purpose, schedule

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

patient has access to necessary nutrition considering patient inability to pay

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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greater than 10/10 Pain Rating is greater than 3 on a 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Financial, meal preparation, M1400 - Dyspnea, swelling of affected area, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, weak hand grips, balance deficit, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: 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.

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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has access to necessary nutrition considering patient inability to pay, meal preparation is available to patient for all meals

PT Careplans

PT WK2: 3 (02/22/26-02/28/26) ,WK3: 3 (03/01/26-03/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., 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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To improve strength and mobility

GOALS
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 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

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