Home Health Certification and Plan of Care

Order ID: 1150/16569

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
84303149	02/25/2026	From: 02/25/2026 To: 04/25/2026	21116	217058

6. Patient's Name and Address

Barbara Martin
369 Taylor Ave,
GLEN BURNIE, MD 21060-
443-718-1856

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 06/04/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/25/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	02/25/26
M17.11	Unilateral primary osteoarthritis right knee	02/25/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	02/25/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	02/25/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/25/26
N18.31	Chronic kidney disease stage 3a	02/25/26
M79.7	Fibromyalgia	02/25/26
I73.9	Peripheral vascular disease unspecified	02/25/26
G89.4	Chronic pain syndrome	02/25/26
K76.0	Fatty (change of) liver not elsewhere classified	02/25/26
E55.9	Vitamin D deficiency unspecified	02/25/26
F51.01	Primary insomnia	02/25/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/25/26
G43.109	Migraine with aura not intractable w/o status migrainosus	02/25/26
E03.9	Hypothyroidism unspecified	02/25/26
E78.5	Hyperlipidemia unspecified	02/25/26
F41.9	Anxiety disorder unspecified	02/25/26
F32.A	Depression unspecified	02/25/26
H81.10	Benign paroxysmal vertigo unspecified ear	02/25/26
Z79.82	Long term (current) use of aspirin	02/25/26
Z89.422	Acquired absence of other left toe(s)	02/25/26
Z86.0100	Personal history of colonic polyps	02/25/26
Z90.49	Acquired absence of other specified parts of digestive tract	02/25/26
Z87.891	Personal history of nicotine dependence	02/25/26

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

Lisinipril - Hydrochlorothiazide: Lisinopril 5 mg Oral daily for high blood pressure and kidney protection
Armour Thyroid - Levothyroxine Sodium 75 mcg Oral daily every morning 30 minutes before a meal. For Thyroid
Desyrel - Trazodone Hydrochloride 100 mg Oral daily at bedtime
Qsymia - Phentermine Hydrochloride: Topiramate 50 mg Oral daily at bedtime AND every morning for fibromyalgia
Cyclosporine - Cyclosporine 1 Drop Ophthalmic 2 times a day for fibromyalgia
Buspar - Buspirone Hydrochloride 10 mg Oral 2 times a day as needed **may increase to three times daily if needed**
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 capsule Oral 2 times a day
Esomeprazole Magnesium - Esomeprazole Magnesium 20mg by mouth once a day Take 1 capsule by mouth daily before a meal. In lieu of twice daily PPI or H2 blocker
COLACE 100 mg Oral 2 TIMES A DAY
EXTRA STRENGTH TYLENOL 1-2 Tablets (500-1,000mg) by mouth every 6 hours Take 1-2 tablets every 6 hours as needed for mild to moderate pain rated 1-6 on numeric scale. May take Tylenol with Oxycodone.
Atorvastatin - Atorvastatin Calcium 1 Tablet (40mg) by mouth at bedtime Hyperlipidemia
Aspirin - Aspirin 1 Tablet (81mg) by mouth once a day Heart Health
Oxaydo - Oxycodone Hydrochloride 1-2 Tablets (5mg - 10mg) by mouth every 4 hours Administer 1-2 tablets by mouth every 4 hours as needed for moderate to severe pain rated 5-10 on numeric scale.

14. DME and Supplies:

walker, grab bars, commode, cane

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, supervision at all times, restricted ROM, , knee precautions, ambulates with assistance, , , , activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation,

18.B. Activities Permitted

Cane, 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: Yes

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 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/25/2026

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 : 01/14/2026

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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Clinical Condition Requiring Homecare:

The patient is a 79-year-old female referred to home health services following a left total knee replacement (TKR) performed on 02/23/2026. She returned home the following day with continuous assistance from family members. Her past medical history is significant for bilateral knee osteoarthritis, cervical spondylosis, chronic kidney disease stage 3a, hypothyroidism, hypertension, hyperlipidemia, fibromyalgia, macular degeneration, history of transient ischemic attack, gastroesophageal reflux disease, peripheral vascular disease, fatty liver disease, obstructive sleep apnea, depression, anxiety, urinary incontinence, and vitamin D deficiency. Following joint replacement surgery, the patient demonstrates decreased endurance and impaired mobility, placing her at increased risk for falls. She requires assistance from another person and use of a walker to safely leave the home, qualifying her as homebound. Current deficits include left knee pain (reported as well controlled with current medications), decreased left knee strength and range of motion, impaired functional mobility, difficulty negotiating steps, unsteady gait, impaired transfers, decreased balance, history of falls, decreased safety awareness, and elevated fall risk. During the physical therapy evaluation, the patient required minimal assistance to standby assistance for transfers, with skilled cueing for proper hand and foot placement, forward weight shift, and reaching back prior to sitting. She required minimal assistance for bed mobility, with instruction provided to improve body mechanics and promote independence. Gait training was performed on level surfaces with a walker; the patient required standby assistance and verbal cues to maintain appropriate positioning within the walker, increase bilateral step height and length, and ensure safety. She was instructed to use the walker at all times during ambulation. Passive range of motion of the left knee was performed in the supine position. Therapeutic exercises included ankle pumps, quadriceps sets, and gluteal sets (1 set of 20 repetitions each), as well as heel slides (1 set of 10 repetitions). A written home exercise program was provided with instructions to perform exercises twice daily. Comprehensive education was provided to the patient and primary caregiver regarding edema management, including elevating the lower extremities above heart level during rest and use of compression garments if recommended by the physician. Signs and symptoms of surgical site infection were reviewed, including fever, chills, redness, swelling, increased pain, bleeding, drainage, persistent nausea or vomiting, and unrelieved pain. Fall prevention strategies and home safety measures were reviewed in detail, including environmental modifications to reduce fall risk. The patient was instructed on the importance of daily ambulation to improve circulation and prevent postoperative complications, with guidance to begin short walks within the home every 1-2 hours and gradually progress to longer walks of 3-5 minutes as tolerated. Pain management education included taking prescribed analgesics at the onset of pain, premedicating approximately one hour prior to physical therapy sessions, and monitoring for side effects such as dizziness and constipation. The patient was instructed to seek emergency care or notify her provider for chest pain, shortness of breath, or unrelieved pain. Cryotherapy instructions were provided, including application of ice to the left knee for 20 minutes with a protective barrier and skin checks every five minutes. The patient verbalized understanding of all instructions via teach-back. The physical therapy plan of care was developed collaboratively with the patient and caregiver and includes home physical therapy beginning 02/25/2026 at a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, followed by 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 1 week, then 1 visit for 1 week. The patient is scheduled to transition to outpatient physical therapy on 03/11/2026 and will follow up with PA Hans on 03/10/2026. Continued skilled physical therapy is medically necessary to address strength deficits, improve range of motion, enhance balance and gait safety, reduce fall risk, and restore independent function within the home. Without skilled intervention, the patient remains at risk for falls, functional decline, and loss of independence.
 Date of Order 02/25/2026 Orders Physician Face-to-Face Date: 01/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total 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 (02/25/26-02/28/26) ,WK2: 1 (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 < 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

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,

SN Goals

PATIENT-STATED GOAL: Patient states "I want my knee to heal without complications."

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026

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meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited range of motion, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Leave surgical dressing intact. Do not get dressing wet. Dressing will be removed in 7 days by the home health RN. Report any s/sx of infection to the nurse immediately., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

TEACH PATIENT/CAREGIVER: * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 2 (02/25/26-02/28/26) ,WK2: 3 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: 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 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 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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 assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to independently walk

GOALS
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 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

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

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/25/2026