Home Health Certification and Plan of Care

Order ID: 1150/16823

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89294342	03/04/2026	From: 03/04/2026 To: 05/02/2026	22475	217058

6. Patient's Name and Address
Robin Fleming
1701 Eutaw Pl Apt 921,
BALTIMORE, MD 21217-
443-979-4781

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 09/13/1955 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/04/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/04/26
N18.31	Chronic kidney disease stage 3a	03/04/26
J44.9	Chronic obstructive pulmonary disease unspecified	03/04/26
M17.12	Unilateral primary osteoarthritis left knee	03/04/26
F41.9	Anxiety disorder unspecified	03/04/26
F32.A	Depression unspecified	03/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/04/26
R91.1	Solitary pulmonary nodule	03/04/26
E66.01	Morbid (severe) obesity due to excess calories	03/04/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	03/04/26
Z79.82	Long term (current) use of aspirin	03/04/26
Z86.0100	Personal history of colonic polyps	03/04/26
Z96.643	Presence of artificial hip joint bilateral	03/04/26
Z87.891	Personal history of nicotine dependence	03/04/26

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

AMLODIPINE BESYLATE AND ATORVASTATIN CALCIUM 10 mg Oral daily for cholesterol and heart protection
8-HOUR BAYER 81 mg Oral twice a day
Atorvastatin - Atorvastatin Calcium 10mg by mouth once a day
Flonase - Fluticasone Propionate 0.05 mg/spray inhalant once a day
Cozaar - Losartan Potassium 50 mg by mouth once a day
ESOMEPRAZOLE MAGNESIUM 20 mg Oral daily 30 minutes before morning meal
Acetaminophen - Acetaminophen 500mg by mouth every 8 hours As needed for pain
SPIRIVA 2.5 mcg/actuation Inhalation Inhale daily (with inhaler)
AMILODIPINE 10 mg Oral daily
ADVAIR 50 mcg/actuation Each nostril Use in each nostril daily
Oxaydo - Oxycodone Hydrochloride 5mg: 1-2 tablets by mouth every 4 hours As needed for pain
Naloxone - Naloxone Hydrochloride 0.4 mg/ml inhalant as necessary

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

15. Safety Measures:
walker precautions, , hip precautions, , bathroom safety, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
gabapentin lisinopril

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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 Total Left Hip Joint 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 70-year-old female with a past medical history significant for hypertension (HTN), stage 3A chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), arthritis, gastroesophageal reflux disease (GERD), depression, anxiety, opioid use disorder, and other comorbidities. She was admitted to home health services following a recent total left hip joint replacement. The patient also has a history of a prior right total hip replacement. On assessment, the patient was alert and oriented to person, place, time, and situation (A&O 4) and reported left hip pain rated at 6/10. Vital signs were obtained during the visit. Physical examination revealed lungs clear to auscultation bilaterally, bowel sounds present and audible, and the patient reported her last bowel movement occurred on Monday. Peripheral pulses were palpable, and no edema was noted in the extremities. The patient was wearing knee-high compression stockings. The surgical incision dressing over the left hip was clean, dry, and intact, with mild edema noted in the surrounding area. The incision and dressing were photographed for documentation. Functionally, the patient ambulates approximately 30 feet on indoor surfaces using a rolling walker with supervision. She requires supervision for transfers to the toilet, chair, and bedside, and minimal assistance for bed mobility involving the right leg. Outdoor mobility and car transfer abilities were not assessed during this visit. The patient resides alone in an elevator-accessible apartment without stairs. She is considered homebound due to the significant effort required to leave the home, supported by a Tinetti balance and gait score of 13/28, indicating a high fall risk. Therapeutic exercises were initiated and tolerated during the visit, including supine quadriceps sets, gluteal sets, hip flexion, bridging, knee extension, and ankle pumps, performed at 10 repetitions each. The patient was educated on the importance of ambulating several times daily as tolerated, elevating the left leg above the level of the heart to reduce swelling, and applying ice to the left hip for 20 minutes several times per day to assist with pain and inflammation management. The patient would benefit from continued home health physical therapy to improve strength, mobility, and functional independence while supporting safe recovery following hip replacement surgery. The plan of care includes ongoing monitoring of pain, incision healing, mobility progression, fall risk, and reinforcement of therapeutic exercises and postoperative precautions.
 Date of Order 03/04/2026 Orders Physician Face-to-Face Date: 02/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Total Left Hip Joint 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 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/04/2026

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 : 02/18/2026

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: 1150/16823

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89294342	03/04/2026	From: 03/04/2026 To: 05/02/2026	22475	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Robin Fleming 1701 Eutaw Pl Apt 921, BALTIMORE, MD 21217- 443-979-4781	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

14px;">
 Physician Huang , James

SN Careplans

SN WK1: 1 (03/04/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26)

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling of affected area, limited range of motion, limited strength, Pain Effect on Sleep, obesity, bruising/discoloration, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Hip -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Hip -, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * 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, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want my incision to heal.

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

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

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 performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 2 (03/04/26-03/07/26) ,WK2: 3 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, 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, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body

PT Goals

PATIENT-STATED GOAL: To be able to get rid of the walker and walk like normal

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

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

Toilet Transfer - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/04/2026

Home Health Certification and Plan of Care

Order ID: 1150/16823

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89294342	03/04/2026	From: 03/04/2026 To: 05/02/2026	22475	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Robin Fleming 1701 Eutaw Pl Apt 921, BALTIMORE, MD 21217- 443-979-4781	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, #2 - Observable Surgical Wound - Anterior Left Hip -

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Left Hip -, Home exercise program : Supine quad sets, glut sets, hip flexion, bridging. Standing knee flexion, hip abduction, plantarflexion, squats. Sitting knee extension, ankle pumps , physician-ordered wound care, wound vacuum, equipment training, gait training on uneven surfaces, 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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 - 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 - 02. Substantial/maximal assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Upper Body Dressing - 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

Car Transfer - 05. Setup or clean-up assistance

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

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

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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

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	03/04/2026