Home Health Certification and Plan of Care

Order ID: 1150/17525

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49165116	03/25/2026	From: 03/25/2026 To: 05/23/2026	17047	217058

6. Patient's Name and Address

Helen Abantao
4 Juxon Ct,
NOTTINGHAM, MD 21236-
443-983-4976

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 04/26/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/25/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.653	Presence of artificial knee joint bilateral	03/25/26
I10.	Essential (primary) hypertension	03/25/26
K22.4	Dyskinesia of esophagus	03/25/26
E78.5	Hyperlipidemia unspecified	03/25/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/25/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/25/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	03/25/26
Z90.710	Acquired absence of both cervix and uterus	03/25/26
Z79.82	Long term (current) use of aspirin	03/25/26
Z79.891	Long term (current) use of opiate analgesic	03/25/26

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

Amilodipine - Amlodipine Besylate 5 mg Oral Tab/Take 1 tablet by mouth once a day
Cozaar - Losartan Potassium 100 mg Oral Tab/Take 1 tablet by mouth once a day
Metoprolol Succinate - Metoprolol Succinate 50 mg Oral/Take 1 tablet by mouth in the evening
TriamterenehydroCHLOROthiazide 37.5-25 mg Oral Tab/Take 1 tablet by mouth once a day MAXZIDE-25MG)
37.5-25 mg Oral Tab
Cetirizine 10 mg Oral Tab/Take 1 tablet by mouth at bedtime Take 1 tablet by
mouth
daily at
nighttime.
Omeprazole Magnesium - Omeprazole Magnesium 20 mg Oral /TAKE 1 CAP by mouth once a day 20 mg
Oral CPDR SR Cap
glucosamine & chondroit sul.Na 1500/1200mg Oral Tab by mouth as necessary
Aspirin - Aspirin 0 81 mg Oral TBEC by mouth twice a day 81 mg Oral
Tylenol - Acetaminophen 650mg, take 1 tablet by mouth every 8 hours As needed for pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg, Take 1 tablet by mouth every 4 hours As needed for pain
Colace - Docusate Sodium 100 mg, Take 1 capsule by mouth twice a day Stool softener
Ibuprofen - Ibuprofen 400 mg Take 1 tablet by mouth every 8 hours As needed for pain

14. DME and Supplies:

commode, bath bench, wheelchair, walker, cane

15. Safety Measures:

knee precautions, , , ambulates with device, walker precautions, , bathroom safety, , activity supervision

16. Nutrition:

low sodium

17. Allergies:

alendronate

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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: fair

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
another facility/provider 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.

Clinical Condition Requiring Homecare:

The patient is a 79-year-old female, alert and oriented to person, place, time, and situation, status post left total knee replacement, currently residing at home with her husband and daughter who provide support as needed. Her past medical history is significant for <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, gastroesophageal reflux disease, osteoporosis, and esophageal dyskinesia. She ambulates with the assistance of a rolling walker. During this visit, the patient reported severe left knee pain rated at 9/10, accompanied by episodes of nausea and vomiting. She states that she previously experienced dizziness and nausea with oxycodone use and subsequently declined alternative narcotic prescriptions from her surgeon. Her current pain management regimen includes acetaminophen 650 mg every 8 hours, application of ice, and occasional use of half a tablet of oxycodone during periods of severe pain. Education was provided regarding the importance of adequate pain control to facilitate recovery and participation in therapy, including recommendations to consider taking a full dose of prescribed pain medication at night to promote restful sleep and to alternate acetaminophen with ibuprofen during the day as appropriate. The patient verbalized understanding of all instructions provided. On assessment, lung sounds were clear to auscultation, and the patient denied shortness of breath or headache. Bowel sounds were active. A comprehensive medication review was completed with the patient. Skilled therapy interventions focused on post-operative rehabilitation exercises and mobility training. The patient was positioned supine and assisted with therapeutic exercises including ankle pumps, heel slides, and straight leg raises; in a seated position, she performed heel slides and long arc quadriceps exercises; and in standing, she completed marching and heel raises, all performed in two sets of ten repetitions. Gait training was conducted using a rolling walker, with emphasis on proper heel-to-toe gait mechanics to promote safe ambulation. Additional education was provided on the appropriate use of cryotherapy for pain and edema management, including safe application techniques. The patient continues to demonstrate significant pain impacting function but is able to participate in therapy with assistance. Skilled services remain medically necessary to address pain management, improve strength and range of motion, enhance mobility, and support safe recovery following total knee replacement. Continued monitoring of pain control, tolerance to activity, and overall functional progress is indicated as part of the ongoing plan of care.
 Date of Order 03/25/2026 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/25/2026

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 : 03/05/2026

27. Attending Physician's Signature and Date Signed **04/01/2026**: 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: 1150/17525

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49165116	03/25/2026	From: 03/25/2026 To: 05/23/2026	17047	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Helen Abantao 4 Juxon Ct, NOTTINGHAM, MD 21236- 443-983-4976	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

03/05/2026 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 (03/25/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26)

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, 8. Currently reports exhaustion, 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:none

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, nausea/vomiting, limited strength, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - left knee replacement surgery

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - left knee replacement surgery: Remove Aquacel dressing on the 7th post-op day and LOTA. Cover with a dry gauze dressing if drainage occurs., cough/deep breathing exercises, incentive spirometer

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, * 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

SN Goals

PATIENT-STATED GOAL: To walk without pain

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
* 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/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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/25/2026

Home Health Certification and Plan of Care

Order ID: 1150/17525

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49165116	03/25/2026	From: 03/25/2026 To: 05/23/2026	17047	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Helen Abantao 4 Juxon Ct, NOTTINGHAM, MD 21236- 443-983-4976	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 2 (03/25/26-03/28/26) ,WK2: 3 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, 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 - 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To walk straight with out pain

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/25/2026