

Home Health Certification and Plan of Care				Order ID: 1150/17569	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
57327393		03/26/2026		From: 03/26/2026 To: 05/24/2026	
				4. Medical Record No.	
				21716	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Janet Howard			HomeCentris Healthcare LLC		
3522 N Chatham Rd,			10 Crossroads Drive, Suite 102		
ELLCOTT CITY, MD 21042-			Owings Mills, MD 21117-8284		
503-349-3632			410-321-8448		
			1487113239		
8. DOB			9. Sex		
01/14/1961			Female		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		03/26/26	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.652		Presence of left artificial knee joint		03/26/26	
E78.00		Pure hypercholesterolemia unspecified		03/26/26	
D50.9		Iron deficiency anemia unspecified		03/26/26	
E04.1		Nontoxic single thyroid nodule		03/26/26	
F32.A		Depression unspecified		03/26/26	
M84.48XD		Pathological fracture oth site subs for fx w routn heal		03/26/26	
M84.461D		Pathological fracture right tibia subs for fx w routn heal		03/26/26	
M84.454D		Pathological fracture pelvis subs for fx w routn heal		03/26/26	
Z85.828		Personal history of other malignant neoplasm of skin		03/26/26	
14. DME and Supplies:			15. Safety Measures:		
walker			walker precautions, , knee precautions, , ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
None of the above			Walker, 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:			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.			patient will be responsible for managing treatment		
Homebound status: After undergoing Left unicompartmental knee arthroplasty, 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 65-year-old female status post left unicompartmental knee arthroplasty performed on 03/25/2026, referred for skilled home health physical therapy evaluation. Her past medical history is significant for hyperlipidemia, iron deficiency anemia, depression, history of multiple orthopedic injuries, and left knee osteoarthritis. The patient presents with generalized weakness, significant postoperative pain at the left knee surgical site rated between 6/10 and 7/10, decreased left knee range of motion with associated stiffness, and impaired dynamic standing balance. She demonstrates an antalgic gait pattern characterized by decreased stance time on the left lower extremity, reduced cadence, and shortened step length. The patient is considered a high fall risk, with difficulty ambulating and inability to safely negotiate stairs at this time. During <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was observed ambulating approximately 15-20 feet with a rolling walker under supervision, requiring verbal cueing for proper gait sequencing and safety awareness. Functional mobility is limited, and the patient currently resides on the lower level of her home due to inability to access stairs, with her daughter living upstairs and providing strong family support. Education was provided regarding signs and symptoms to report to the physician or home health agency, as well as instructions to contact the agency with any questions or concerns. Skilled home health physical therapy services are medically necessary to address impairments in lower extremity strength, knee range of motion, gait mechanics, transfers, balance, and pain management, as well as to reduce fall risk. The plan of care will focus on improving functional mobility, increasing activity tolerance, promoting safety and independence with ambulation and transfers, and facilitating progression toward the patient's prior level of function, with the goal of transitioning to outpatient rehabilitation services. Date of Order 03/26/2026 Orders Physician Face-to-Face Date: 03/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left unicompartmental knee arthroplasty 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 Physician Ilario, Stephen					
SN Careplans			SN Goals		
SN WK1: 1 (03/26/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26)			PATIENT-STATED GOAL: "I want to be able to walk with a cane not a walker" with no pain		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* lifestyle modifications to manage respiratory condition including		
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			* 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		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/26/2026					
24. Physician's Name and Address			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.		
Stephen Ilario			F2F date : 03/12/2026		
655 Watkins Mill Rd					
Gaithersburg, MD 20879					
PHONE: FAX: NPI: 1164425419					
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.		
			PAGE 1 of 3		

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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: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, monitor intake & output, home exercise program, coordinate/arrange preparation of missing meals 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, meal preparation is available to patient for all meals	patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule meal preparation is available to patient for all meals
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PT Careplans PT WK1: 1 (03/26/26-03/28/26) ,WK2: 3 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: HEP: Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover. , Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , 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, 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	PT Goals PATIENT-STATED GOAL: To have a successful post Surgical Outcome GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 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 Sit to Stand - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Don/Doff Footwear - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/26/2026

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		Walk To Room Shower Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		

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