# Home Health Certification and Plan of Care

**Order ID: 1150/17642**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 38323367 | 03/25/2026 | From: 03/25/2026 To: 05/23/2026 | 23585 | 217058 |

**6. Patient's Name and Address**

James Bunch
300 Bishop Ave,
Brooklyn, MD 21225-
410-245-5967

**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** 10/12/1950 | **9.Sex** Male

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

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| Z96.652 | Presence of left artificial knee joint | 03/25/26 |
| I10. | Essential (primary) hypertension | 03/25/26 |
| H90.3 | Sensorineural hearing loss bilateral | 03/25/26 |
| Z79.82 | Long term (current) use of aspirin | 03/25/26 |
| Z87.891 | Personal history of nicotine dependence | 03/25/26 |

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

COLACE 100 mg / 1 Capsule by mouth twice a day
Ecotrin - Aspirin DR 81 mg / 1 Tablet by mouth twice a day for 28 days
Roxicodone - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 4 hours Take 1 to 2 tablets as needed for pain.
Kenalog - Triamcinolone Acetonide 0.1 perc / Apply to affected area(s) topical twice a day
Norvasc - Amlodipine Besylate eq 10 mg base / 1 Tablet by mouth once a day

**14. DME and Supplies:**

wound care supplies, walker, cane, bath bench, 4 wheeled walker

**15. Safety Measures:**

transfer with assist, supervision at all times, ambulates with assistance, walker precautions, , , knee precautions, , bathroom safety, ambulates with device

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Ambulation

**18.B. Activities Permitted**

Walker, Cane, 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:** 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.

**Clinical Condition Requiring Homecare:**

The patient is a 75-year-old male status post left total knee replacement performed on 03/24/2026, who returned home the same day with continuous assistance from family members. He resides in a split-foyer home with three steps at the entrance and additional interior stairs, requiring assistance and an assistive device to safely exit the home. His postoperative course has been stable, with no immediate skilled nursing concerns identified at admission. Vital signs are within normal limits. The patient has a surgical dressing in place over the left knee, with instructions to leave it intact until 03/27/2026. He denies complications and reports that pain is well controlled with prescribed medications. He also utilizes a cold therapy device (Iceman machine) to manage postoperative swelling. Functionally, the patient presents with expected postoperative deficits, including left knee pain, decreased strength, limited range of motion, impaired balance, reduced endurance, and decreased functional mobility. He demonstrates an unsteady gait and difficulty with transfers and stair negotiation, placing him at increased risk for falls. He currently ambulates with a walker and occasionally uses a cane for household mobility and performance of activities of daily living. A physical therapy evaluation was completed, and the patient was found to require standby assistance for safe transfers and ambulation using a walker. Skilled therapy interventions were initiated, including transfer training with emphasis on proper hand and foot placement, forward weight shifting, and controlled sitting techniques. Gait training focused on safe ambulation with a walker, including appropriate positioning and improvement of step height and length. Therapeutic exercises were initiated, including supine ankle pumps, quadriceps sets, gluteal sets, heel slides (1 set of 20 repetitions), and straight leg raises (1 set of 5 repetitions), with passive range of motion performed to the left knee. A home exercise program was provided with instructions to complete exercises twice daily. Extensive patient and caregiver education was provided, including fall prevention strategies, home safety measures, and recognition of risk factors for falls. The patient was instructed on edema management techniques, including elevation of the lower extremities above heart level during rest periods and use of compression garments if prescribed. Education was also provided on signs and symptoms of wound infection, including fever, redness, swelling, drainage, and uncontrolled pain, as well as when to seek medical attention. The patient was instructed on the importance of daily ambulation to promote circulation and prevent complications, with guidance to initiate a walking program consisting of short, frequent walks every 1-2 hours, gradually progressing to longer durations as tolerated. Pain management education included taking medications at the onset of pain, monitoring for side effects such as dizziness and constipation, and timing medication approximately one hour prior to therapy sessions to optimize participation. Instruction on proper use of cryotherapy, including applying ice for 20 minutes with appropriate skin protection and monitoring, was reinforced. The plan of care includes skilled physical therapy services at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> per week for three weeks, with transition to outpatient physical therapy scheduled for 04/13/2026 and follow-up with the physician assistant on 04/10/2026. The patient and caregiver are in agreement with the plan of care and demonstrated understanding of all instructions via teach-back. Due to postoperative limitations, impaired mobility, and increased fall risk, the patient is considered homebound. Skilled therapy services are medically necessary to improve strength, mobility, balance, and safety, with the goal of restoring the patient to his prior level of independence and preventing further functional decline. <br> Date of Order 03/25/2026 Orders Physician Face-to-Face Date: 03/17/2025 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 <br> 1 - SOC - SN Notes: soc PT Eval Notes: eval <br> Physician Huang , James

**SN Careplans**

**SN Goals**

**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 : 03/17/2025

**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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| James Bunch<br>300 Bishop Ave,<br>Brooklyn, MD 21225-<br>410-245-5967 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

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: 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: GG0130F1 - Upper Body Dressing - 05. Setup or clean-up assistance, dressing and footwear, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0130A1 - Eating - 06. Independent, GG0130B1 - Oral Hygiene - 05. Setup or clean-up assistance, GG0130C1 - Toileting Hygiene - 01. Dependent, GG0130E1 - Shower/Bathe Self - 02. Substantial/maximal assistance, GG0130G1 - Lower Body Dressing - 01. Dependent, GG0130H1 - Don/Doff Footwear - 01. Dependent, meal preparation, mobility, toileting, transferring, bathing, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102c - Med Administration, meal preparation needed for meals, abnormal blood pressure, M1400 - Dyspnea, muscle weakness, decreased ROM knee, poor muscle tone, swelling of affected area, limited endurance, limited range of motion, limited strength, muscle spasms, decreased muscle strength lower body, balance deficit, Pain interference with day-to-day activities, pain, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, B0200 - Hearing Deficit, bruising/discoloration, swell/redness surround. skin, red/tender pressure points, #1 - Non-Observable Surgical Wound - Other - Left Knee - non removeable aquacel dressing

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Left Knee - non removeable aquacel dressing, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * tracheostomy care setup how to clean the cannula, suction catheter, 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation,

PATIENT-STATED GOAL: Get my knee healed so I can get back to normal

GOALS
patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* tracheostomy care setup
* how to clean the cannula, suction catheter
* 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
* 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 manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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

patient is adequately supervised

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Oral Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

Chair to Bed to Chair - 02. Substantial/maximal assistance

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 02. Substantial/maximal assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/25/2026 |

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* how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, Chair to Bed to Chair - 02. Substantial/maximal assistance, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Sit to Stand - 06. Independent

## PT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170N1 - 4 Steps, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170F1 - Toilet Transfer, 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: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

## PT Goals

PATIENT-STATED GOAL: I would like to be able to dance again

GOALS

Chair to Bed to Chair - 06. Independent

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

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

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

Toilet Transfer - 06. Independent

Car Transfer - 06. Independent

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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

Sit to Stand - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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