Home Health Certification and Plan of Care

Order ID: 1150/17696

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17114898	03/31/2026	From: 03/31/2026 To: 05/29/2026	23434	217058

6. Patient's Name and Address

Kim Nguyen
8303 Wild Cherry Ct,
Laurel, MD 20723-
240-271-2801

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 10/01/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/31/26
13. ICD	**Other Pertinent Diagnoses**	**Date**
Z96.652	Presence of left artificial knee joint	03/31/26
E11.69	Type 2 diabetes mellitus with other specified complication	03/31/26
E78.5	Hyperlipidemia unspecified	03/31/26
I10.	Essential (primary) hypertension	03/31/26
M48.062	Spinal stenosis lumbar region with neurogenic claudication	03/31/26
M51.360	Other intvrt disc degen	03/31/26
D25.9	Leiomyoma of uterus unspecified	03/31/26
E03.9	Hypothyroidism unspecified	03/31/26
Z96.1	Presence of intraocular lens	03/31/26
Z85.850	Personal history of malignant neoplasm of thyroid	03/31/26
Z90.89	Acquired absence of other organs	03/31/26

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

Asa 81 Mg - Aspirin 81mg by mouth twice a day 1 tab twice daily for cardiac prevention methods
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 6 hours 1-2 tabs every 6 hours as needed for pain
Colace - Docusate Sodium 100mg by mouth twice a day 1 tab twice daily for constipation
Lipitor - Atorvastatin Calcium eq 20 mg base 20mg=1tab by mouth once a day 1 tab daily for cholesterol control
Levothyroxine - Levothyroxine Sodium 75mcg by mouth in the morning 1 tab 30 minutes prior to breakfast for thyroid
Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 25 mg;100 mg 1 tab by mouth once a day 1 tab daily for blood pressure control
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 tab by mouth once a day Take one tablet at onset of urinary tract symptoms for prophylaxis (Patient not taking: Reported on 3/5/2026)
Norvasc - Amlodipine Besylate eq 10 mg base 1 tab by mouth once a day 1 tab daily for blood pressure control
Estrace - Estradiol 0.01 perc 0.1 mg/gram vaginal as necessary Apply thin film of estrogen cream to the lesion near the urethra (urinary opening) and gently massage into the area. Use estrogen cream twice daily for 1 week and then oncedaily for 1 week. Next, drop down to estrogen use on alternate days for 1-2 weeks and finally maintenance with estrogen cream twice every week (Mondays and Thursdays or Tuesdays and Fridays).
Gabapentin - Gabapentin 100 mg 1 tab by mouth as necessary Take 1 capsule by mouth at night for one week Then one capsule

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/31/2026

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 : 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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by mouth
twice a day
in second
week, One
cap by
mouth three
times a day
in third week
as tolerated
for back and
leg pain
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide (CALTRATE WITH VITAMIN D3) 600 mg(1,500mg) -800 unit Oral Tab by mouth twice a day 1 tab twice daily for GERD
Glucosamine Chondroitin - Glucosamine 500-400 mg by mouth once a day 1 tab daily for joints
Garlic - Garlic 1250 mg Oral Tab by mouth once a day 2 tabs daily for cholesterol
Omega 3 Fish Oil - Cod Liver Oil 340-1,000 mg Oral Cap by mouth once a day 1 tab daily for heart health support

14. DME and Supplies:
walker, rolling walker, hand held shower, grab bars, commode, bath bench, 4 wheeled walker

15. Safety Measures:
walker precautions, transfer with assist, supervision at all times, standard precautions, smoke detectors , medication safety, knee precautions, hand rails, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, 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
family/caregiver 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 73-year-old female recently discharged home following a left total knee replacement performed on March 30, 2026, due to osteoarthritis. She currently resides in a single-family home with her husband and is temporarily remaining on the main level of the home due to multiple stairs leading to the second-floor bedroom. The patient ambulates using a rolling walker for safety and reports minimal postoperative swelling and pain that are currently well controlled with prescribed pain medication. The patient is designated as full code and reports no known drug allergies. The patient's past medical history is significant for type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus with dyslipidemia, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-hypertension">hypertension</mh>, postoperative hypothyroidism status post thyroidectomy for thyroid cancer (treated with surgery and radiation in 2014 with no evidence of recurrence and stable status as of October 2025), lumbar spinal stenosis with neurogenic claudication, lumbar disc degeneration, and decompressive lumbar laminectomy performed in October 2025. Additional history includes recurrent urinary tract infections, bilateral pseudophakia, bilateral astigmatism, and a documented moderate fall risk. These comorbid conditions contribute to decreased functional mobility and increased risk for postoperative complications. At the time of assessment, the patient was resting comfortably and demonstrated stable postoperative status. The surgical site on the left knee was covered with an Aquacel dressing that was clean, dry, and intact with minimal swelling and no signs or symptoms of infection. The patient denies significant pain beyond mild postoperative discomfort and reports that symptoms are effectively managed with current medication. The patient demonstrates decreased activity tolerance and requires intermittent rest breaks during mobility tasks. Physical therapy evaluation revealed left lower extremity weakness and impaired standing balance with altered gait mechanics characterized by decreased stance time on the left lower extremity and reliance on a rolling walker for ambulation. Right lower extremity strength was assessed at approximately 4/5. The patient currently requires moderate assistance for transfers and short-distance ambulation within the home due to postoperative weakness, pain, and balance impairment. These limitations impact the patient's ability to perform bed mobility, transfers, and safe ambulation independently. Due to the need for assistive devices, supervision, and the increased risk of falls, the patient meets criteria for homebound status. Skilled home health physical therapy services are medically necessary to address deficits in strength, balance, gait mechanics, and functional mobility following surgery. Interventions will focus on lower extremity strengthening, balance training, gait training with assistive device use, pain management strategies, and progressive improvement in endurance and activity tolerance. Education will be provided to the patient and caregiver regarding medication adherence, fall prevention strategies, postoperative precautions, and safe mobility techniques. The patient is scheduled to begin outpatient physical therapy in approximately two weeks as part of the postoperative rehabilitation plan. The goal of skilled therapy services is to promote safe recovery, improve functional independence, restore mobility, and reduce the risk of complications following total knee replacement surgery.
 Date of Order 03/31/2026 Orders Physician Face-to-Face Date: 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:

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/31/2026

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soc PT Eval Notes: eval
 Physician Huang , James

SN Careplans

SN WK1: 1 (03/31/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26)

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, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:MOLST on file

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, swell/redness surround. skin, bruising/discoloration, #1 - Observable Surgical Wound - Other - Left knee - Left knee surgical wound

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left knee - Left knee surgical wound: 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., incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient states I want to get back to putting my house back together after it is rennovated

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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

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PT WK1: 6 (03/31/26-04/04/26)

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: Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , B LE strengthening: q, 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 - 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To have a successful post Surgical Outcome

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
* 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 - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/31/2026