Home Health Certification and Plan of Care

Order ID: 1150/17667

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
31151192	03/21/2026	From: 03/21/2026 To: 05/19/2026	23436	217058

6. Patient's Name and Address

Bonnie Blottenberger
1222 Maiden Choice Ln,
BALTIMORE, MD 21229-
410-371-1192

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 02/05/1950 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/21/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	03/21/26
M19.012	Primary osteoarthritis left shoulder	03/21/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	03/21/26
I10.	Essential (primary) hypertension	03/21/26
I70.0	Atherosclerosis of aorta	03/21/26
M10.9	Gout unspecified	03/21/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	03/21/26
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder	03/21/26
I05.0	Rheumatic mitral stenosis	03/21/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	03/21/26
E78.5	Hyperlipidemia unspecified	03/21/26
G47.30	Sleep apnea unspecified	03/21/26
E04.2	Nontoxic multinodular goiter	03/21/26
Z79.01	Long term (current) use of anticoagulants	03/21/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/21/26
Z90.13	Acquired absence of bilateral breasts and nipples	03/21/26
Z85.3	Personal history of malignant neoplasm of breast	03/21/26
Z90.722	Acquired absence of ovaries bilateral	03/21/26
Z90.710	Acquired absence of both cervix and uterus	03/21/26
Z85.820	Personal history of malignant melanoma of skin	03/21/26

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

LYRICA 100 mg / 1 Capsule by mouth twice a day Take 2 capsules
COZAAR 100 mg / 1 Tablet by mouth once a day
Drisdol - Ergocalciferol 50,000 International Units / 1 Capsule by mouth once a week every 7 days
Lopressor - Metoprolol Tartrate 25 mg / 1 Tablet by mouth twice a day
Zanaflex - Tizanidine Hydrochloride eq 2 mg base / 1 Tablet by mouth three times a day for muscle spaciticy
Glucotrol - Glipizide 5 mg / 1 Tablet by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 mg / 1 Capsule by mouth twice a day
Zyloprim - Allopurinol 300 mg / 1 Tablet by mouth once a day for gout
Norvasc - Amlodipine Besylate eq 10 mg base / 1 Tablet by mouth once a day for HTN (Hold for SBP over 110 or HR less than 60)
Polyethylene Glycol 3350 (CLEARLAX) 17 gram/dose Oral Powd / Give one scoop (17 grams) by mouth once a day for bowel regimen. Hold for loose stools. (Patient taking differently: Take 17 g by mouth daily as needed for constipation)
Jardiance - Empagliflozin 25 mg / 1 Tablet by mouth in the morning Take half tablet
Hygroton - Chlorthalidone 25 mg / 1 Tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) Oral Tab / Take 1,000 units by mouth once a day
Tylenol - Acetaminophen 500 mg by mouth every 6 hours as needed for pain
Effexor Xr - Venlafaxine Hydrochloride eq 150 mg base / 1 Capsule by mouth once a day for Depression in addition to 75mg as directed
Effexor Xr - Venlafaxine Hydrochloride eq 75 mg base / 1 Capsule by mouth once a day (Take with 150mg capsule to equal 225mg) for depression
Lipitor - Atorvastatin Calcium eq 20 mg base / 1 Tablet by mouth once a day for Hyperlipidemia for cholesterol and heart protection
Vibramycin - Doxycycline 100 mg / 1 capsule by mouth twice a day Take 1 capsule by mouth two (2) times daily for Toe Cellulits and purulent drainage for 2 days as per directed
Roxicodone - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth as necessary Take 1 tablet by mouth every 4 hours as needed for pain
Narcan - Naloxone Hydrochloride 4 mg / actuation nasal spray inhalant as necessary Spray contents in 1 nostril for adult or child not breathing or responding. Call 911. If patient still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only

14. DME and Supplies:
walker, commode

15. Safety Measures:
walker precautions, standard precautions, sharps precautions, fall precautions, diabetic precautions, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
codeine morphine

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
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:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: After undergoing Left Total Hip Replacement surgery, 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: <p class="MsoNoSpacing">The patient is a 76-year-old individual status post left hip replacement with a medical history significant for hypertension, atrial fibrillation, right Charcot foot, and multiple neck and back surgeries. The patient resides with her husband in a single-family home with four steps to enter and bedroom and bathroom located on the second floor. Currently, the patient ambulates using a rolling walker with a step-to gait pattern under close supervision for 40 feet (x2), requiring cues for appropriate walker placement, and is also able to ambulate 25 feet (x2) with a straight cane under contact guard assistance with gait pattern cueing. She performs 14 steps using a rail and cane with supervision or distant supervision. Bed mobility is generally independent, though minimal assistance is occasionally required at the left hip. Transfers to bed, chair, and raised toilet seat are completed with supervision and cues to maintain hip precautions. The patient tolerates therapeutic exercises in sitting, standing, and supine positions with verbal cues for proper technique, including quad sets, gluteal sets, hip flexion, bridging, knee extension, and ankle pumps (10-15 repetitions each). Outside mobility skills and car transfers were not assessed and are planned for the next session. The patient is considered homebound due to the significant effort required to leave the home with an assistive device and assistance, as evidenced by a

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/21/2026

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 : 03/10/2026

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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Tinetti score of 13/28. Continued home therapy is recommended to improve strength, mobility, and progression toward independence, including advancement of ambulation with a cane.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/21/2026
 Physician Face-to-Face Date: 03/10/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip Replacement surgery
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes: <span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"><o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (03/21/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26)

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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, abnormal BS < 70/140 > mg/dL, limited range of motion, #1 - Non-Observable Surgical Wound - Other - Left hip - Incision covered by non removable dressing

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Left hip - Incision covered by non removable dressing, glucose testing via monitor, home exercise program

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 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

SN Goals

PATIENT-STATED GOAL: I want to be up and about

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

PT Careplans

PT WK2: 3 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, 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, 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, GG0130B1 - Oral Hygiene

PT Goals

PATIENT-STATED GOAL: To be able to walk in the house without help

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/21/2026

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PROCEDURES: physician-ordered wound care: #2 - Observable Stasis Ulcer - Anterior Left Hip -, Home exercise program : supine quad sets, glut sets, hip flexion, bridging. Sitting Knee extension, ankle pumps, standing knee flexion, hip abduction, plantarflexion, squats , 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, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

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

Walk 150 Feet - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

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

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

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

4 Steps - 05. Setup or clean-up assistance

12 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	03/21/2026