Home Health Certification and Plan of Care

Order ID: 1150/17687

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13123576	03/31/2026	From: 03/31/2026 To: 05/29/2026	14525	217058

6. Patient's Name and Address

Kimberley Lawrence
3222 Pelham Ave,
BALTIMORE, MD 21213-
210-708-0480

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 12/21/1968 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/31/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.653	Presence of artificial knee joint bilateral	03/31/26
I10.	Essential (primary) hypertension	03/31/26
E78.5	Hyperlipidemia unspecified	03/31/26
E53.8	Deficiency of other specified B group vitamins	03/31/26
M54.50	Low back pain unspecified	03/31/26
G89.29	Other chronic pain	03/31/26
E55.9	Vitamin D deficiency unspecified	03/31/26
H35.362	Drusen (degenerative) of macula left eye	03/31/26
Z79.82	Long term (current) use of aspirin	03/31/26
Z79.891	Long term (current) use of opiate analgesic	03/31/26

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

Flexeril - Cyclobenzaprine Hydrochloride 10 mg, Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times a day as needed for muscle spasms
oxyCODONE IR (DAZIDOX) 10 mg Oral Tab 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth once a day for pain, may increase to twice a day as needed; maximum of 9 tablets a week.
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
hydroCHLOROthiazide (ESIDRIX/HYDRODIURIL) 25 mg Oral Tab 25 mg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning
Tylenol - Acetaminophen 500 mg, Take 1 tablet by mouth every 4 hours Take 1 tablet by mouth every 4 hours as needed for pain for up to 5 days
Vit C,E-Zn-Coppr-LuteinZeaxan (PRESERVISION AREDS-2) 250-90-40-1 mg Oral Cap 250-90-40-1 mg, Take 1 capsule by mouth in the morning Take 1 capsule by mouth every morning and evening
Calcium Carbonate-Vit D3 (CALCIUM 600 + D) 600 mg(1,500mg) -400 unit Oral Tab 600 mg(1,500mg) -400 unit, take 1 tablet by mouth once a day Taking 1 daily
Colace - Docusate Sodium 100mg by mouth twice a day 1-2 tabs for stool softners
Aspirin - Aspirin 81mg by mouth twice a day
Vit B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox tab by mouth once a day supplement

14. DME and Supplies:

walker

15. Safety Measures:

walker precautions, supervision at all times, standard precautions, knee precautions, fall precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

lisinopril

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: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

patient will be responsible for managing treatment

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 : 03/11/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/17687

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13123576	03/31/2026	From: 03/31/2026 To: 05/29/2026	14525	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kimberley Lawrence 3222 Pelham Ave, BALTIMORE, MD 21213- 210-708-0480	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

Homebound status: After undergoing Right 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 57-year-old individual recently discharged home following a right total knee replacement surgery performed by Dr. Huang. The patient's past medical history is significant for osteoarthritis, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-10 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, chronic low back pain, and a previous left total knee replacement. The patient currently resides with her son in a townhouse with the bedroom and bathroom located on the second floor. Due to post-surgical pain, impaired mobility, and the need for an assistive device, the patient is considered homebound, as leaving the home requires significant effort and assistance. On assessment, the patient is alert and oriented to person, place, time, and situation. The patient reports significant right knee pain rated at 9/10. She denies dizziness, lightheadedness, nausea, vomiting, or urinary discomfort. The patient reports a good appetite and states her last bowel movement occurred yesterday. Respiratory assessment revealed lungs clear to auscultation bilaterally. The patient was instructed in the use of an incentive spirometer to promote optimal lung expansion following surgery. She currently ambulates indoors using a rolling walker with a step-to gait pattern and requires close supervision and verbal cues for safety and fall prevention. The patient denies any recent falls. Bed mobility is performed with supervision, and the patient uses her arms to assist with lifting the right leg when repositioning. Transfers to bed and toilet are completed with supervision. Stair negotiation, car transfers, and outdoor mobility were not assessed during the visit due to safety concerns and current functional limitations. Objective balance testing demonstrated a Tinetti Balance and Gait Assessment score of 12/28, indicating a high fall risk. Examination of the surgical site revealed a dressing over the right knee incision that was clean, dry, and intact. No other wounds were noted during the assessment. The patient was instructed on proper incision and dressing care, including avoiding soaking or getting the dressing wet. She was also educated on monitoring for signs of infection or complications, including increased redness, swelling, bruising, drainage, or worsening pain, and instructed to contact the surgeon immediately should these symptoms occur. The patient was informed that the dressing will be removed at a future nursing visit, at which time the incision will be assessed, measured, and photographed as part of wound monitoring. No abnormal bleeding was reported. Medication reconciliation was completed, and all medications were reviewed with the patient. Education was provided on pain management, including the appropriate use of prescribed anti-inflammatory medications and acetaminophen. The patient reported that she had not yet taken acetaminophen since returning home, but the medication was received on the day of the visit. Additional instruction was provided on the use of ice therapy to the operative knee for approximately 20 minutes several times daily to reduce pain and swelling. The patient was also instructed to keep the right lower extremity elevated above heart level when resting to assist with edema control. Hydration education was provided to help prevent dehydration during the recovery period. During the physical therapy evaluation, the patient demonstrated decreased strength, limited range of motion, and reduced functional mobility following surgery. Active range of motion of the right knee was measured at 0-60 degrees. The patient participated in therapeutic exercises and tolerated 10 repetitions each of quadriceps sets, heel slides, short arc quadriceps, knee extensions, and ankle pumps. Education was provided regarding the importance of consistent participation in therapeutic exercises and adherence to the medication regimen as prescribed. The patient has a follow-up appointment scheduled with the orthopedic surgeon and will also attend outpatient physical therapy as part of her postoperative rehabilitation plan. Skilled nursing services will continue to monitor the surgical incision, manage symptoms, provide medication education, and reinforce postoperative care instructions. Skilled physical therapy services are necessary to improve strength, balance, gait mechanics, and range of motion in the operative knee, with the overall goal of restoring safe mobility, reducing fall risk, and promoting recovery to the patient's prior level of function.
 Date of Order 03/31/2026 Orders Physician Face-to-Face Date: 03/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right 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:
 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: 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; 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 ; 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

SN Goals

PATIENT-STATED GOAL: Pain control

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/31/2026

Home Health Certification and Plan of Care

Order ID: 1150/17687

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13123576	03/31/2026	From: 03/31/2026 To: 05/29/2026	14525	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kimberley Lawrence 3222 Pelham Ave, BALTIMORE, MD 21213- 210-708-0480	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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.

S/p right knee joint replacement surgery keep dressing clean and dry and patient instructed on nurse follow up visit
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, swelling of affected area, limited range of motion, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, pain radiating to arms/legs, balance deficit, swell/redness surround. skin

04/06/2026: #1 - Observable Surgical Wound - Anterior Right Knee

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: S/p right knee joint replacement surgery keep dressing clean and dry and patient instructed on nurse follow up visit, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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

PT Careplans

PT WK1: 2 (03/31/26-04/04/26) ,WK2: 3 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170P1 - Picking Up Object, GG0130A1 - Eating, 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

PROCEDURES: Home exercise program : Quad sets, short arc quads, hip flexion, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, 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, 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 - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain with her cane

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/31/2026

Home Health Certification and Plan of Care

Order ID: 1150/17687

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13123576	03/31/2026	From: 03/31/2026 To: 05/29/2026	14525	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kimberley Lawrence 3222 Pelham Ave, BALTIMORE, MD 21213- 210-708-0480	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Eating - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

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