

Home Health Certification and Plan of Care				Order ID: 1150/17751	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
291297948		04/02/2026		From: 04/02/2026 To: 05/31/2026	
4. Medical Record No.		5. Provider No.			
23584		217058			
6. Patient's Name and Address Dawn Anderson 248 Arcadia Shores Cir, ODENTON, MD 21113- 443-569-9974			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 02/21/1960 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged ECOTRIN 81 mg / 1 Tablet by mouth twice a day for 28 days (Patient not taking: Reported on 3/11/2026) COLACE 100 mg / 1 capsule by mouth 2 times a day (Patient not taking: Reported on 3/11/2026) DULCOLAX DR 5 mg/tablet / Take 2 tablets by mouth one time with at least 8 ounces of water at 12 noon the day before procedure		
11. ICD Z47.1		Principal Diagnosis Aftercare following joint replacement surgery		Date 04/02/26	
13. ICD Z96.642 Z90.710		Other Pertinent Diagnoses Presence of left artificial hip joint Acquired absence of both cervix and uterus		Date 04/02/26 04/02/26	
14. DME and Supplies: wound care supplies, walker, small base cane, rolling walker, hand held shower, grab bars, , cane, bath bench, 4 wheeled walker			15. Safety Measures: walker precautions, transfer with assist, supervision at all times, standard precautions, restricted ROM, medication safety, hip precautions, hand rails, fall precautions, bathroom safety, 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 Exercises Prescribed, Walker, Cane, Up As Tolerated		
19. Mental & Psychosocial 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: fair					
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 hip 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 66-year-old female status post left total hip replacement performed on April 1, 2026. She presents in generally stable condition and appears to be recovering well overall. Upon arrival, the patient independently answered the door and was observed ambulating without the use of a walker or cane; however, she was reminded of the importance of utilizing prescribed assistive devices to ensure safety and prevent injury. The patient reports declining the use of prescribed pain medication per physician orders due to personal preference but is managing discomfort with over-the-counter ibuprofen and intermittent ice application. She has a scheduled follow-up appointment in the physician's office on April 15, 2026. The patient was instructed not to remove the surgical bandage at this time. Postoperatively, the patient demonstrates left lower extremity weakness and reports mild discomfort consistent with recent surgery. A cane and walker were measured and properly fitted to support safe ambulation. Skilled instruction was provided on step training, emphasizing right leg lead and proper left leg positioning, including keeping the left foot slightly ahead when transitioning from sitting to standing and during toilet transfers. Gait training included education on maintaining proper posture, initiating ambulation with a slow and controlled cadence, and using a step-to pattern with the left lower extremity when ascending stairs while utilizing the railing for support. Additional education was provided on hip precautions, skin care, and safety measures to promote healing and prevent complications. The plan of care includes continued reinforcement of safe mobility techniques, adherence to postoperative precautions, and monitoring of functional progress and pain management. Date of Order 04/02/2026 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 Left hip 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: eval Physician Huang, James					
SN Careplans SN WK1: 1 (04/02/26-04/04/26) ,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 > 10 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			SN Goals PATIENT-STATED GOAL: I want to get better 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/02/2026				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. PAGE 1 of 3		

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PT Careplans PT WK1: 1 (04/02/26-04/04/26) ,WK2: 3 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, 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 PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	PT Goals PATIENT-STATED GOAL: wants to be able to return to driving , so she can access community resources GOALS Chair to Bed to Chair - 06. Independent 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 * 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 Car Transfer - 06. Independent Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance
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	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 Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent Sit to Stand - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent
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Signature of Physician:	Date PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN	Date 04/02/2026