Home Health Certification and Plan of Care

Order ID: 1150/18056

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
181064152	04/18/2026	From: 04/18/2026 To: 06/16/2026	21111	217058

6. Patient's Name and Address
Thomas Jackson
3608 Fairview Ave,
Baltimore, MD 21216-
410-491-4516

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 09/07/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	04/18/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	04/18/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/18/26
I50.20	Unspecified systolic (congestive) heart failure	04/18/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/18/26
N18.31	Chronic kidney disease stage 3a	04/18/26
I48.91	Unspecified atrial fibrillation	04/18/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/18/26
M54.50	Low back pain unspecified	04/18/26
G89.29	Other chronic pain	04/18/26
I45.10	Unspecified right bundle-branch block	04/18/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	04/18/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	04/18/26
M20.41	Other hammer toe(s) (acquired) right foot	04/18/26
M20.42	Other hammer toe(s) (acquired) left foot	04/18/26
I77.810	Thoracic aortic ectasia	04/18/26
N20.0	Calculus of kidney	04/18/26
I25.2	Old myocardial infarction	04/18/26
K64.8	Other hemorrhoids	04/18/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	04/18/26
E78.00	Pure hypercholesterolemia unspecified	04/18/26
Z79.01	Long term (current) use of anticoagulants	04/18/26
Z95.1	Presence of aortocoronary bypass graft	04/18/26
Z86.0100	Personal history of colonic polyps	04/18/26
Z87.891	Personal history of nicotine dependence	04/18/26

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

Amiodarone - Amiodarone Hydrochloride 200 mg Oral daily Take 1 tablet by mouth daily
a fib
Atorvastatin - Atorvastatin Calcium 80mg; 1 tab by mouth in the evening
cholesterol
Dabigatran Etexilate - Dabigatran Etexilate 150 mg Oral 2 times daily Take 1 capsule (150 mg total) by mouth 2 times daily
Gabapentin - Gabapentin 300 mg 300mg ; 1 tab Oral 2 times a day Take 1 capsule by mouth 2 times a day
pain
Glipizide - Glipizide 5 mg 5mg; 1 tab by mouth once a day
Dutoprol - Hydrochlorothiazide: Metoprolol Succinate 25mg ; 1 tab Oral daily
a fib
0 - Acetaminophen: Oxycodone Hydrochloride 500mg; 2 tabs Oral every 6 hours as needed Take 1 tablet every 6 hours as needed for pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1-2 tabs by mouth every 4 hours as needed for pain

14. DME and Supplies:
commode, bath bench, walker, cane

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

16. Nutrition:
cardiac diet

17. Allergies:
amoxicillin cipro oxycodone

18.A. Functional Limitations
Hearing, Ambulation, Endurance

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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
SN: family/caregiver will be responsible for managing treatment PT: patient will

Homebound status: After undergoing Left Total Knee 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/18/2026

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 : 04/02/2026

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: 1150/18056

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
181064152	04/18/2026	From: 04/18/2026 To: 06/16/2026	21111	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thomas Jackson 3608 Fairview Ave, Baltimore, MD 21216- 410-491-4516	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 83-year-old status post left total knee replacement with a past medical history significant for heart failure, chronic low back pain, urethral stricture, atrial fibrillation, hypertension, hyperlipidemia, coronary artery disease, chronic kidney disease, prior myocardial infarction, and coronary artery bypass graft, as well as benign prostatic hyperplasia. The patient lives with a spouse in a single-family home and requires assistance with activities of daily living and instrumental activities as needed. The patient is alert and oriented 3, reports pain at 7/10 despite premedication, denies shortness of breath, has a fair appetite, and reports last bowel movement prior to surgery. The left knee surgical dressing is intact, and the patient ambulates with a rolling walker for safety. Functional assessment reveals ambulation of approximately 30 feet with cues, ability to negotiate eight steps with a rail and cane using a step-to pattern with contact guard assistance, and difficulty with bed mobility, particularly lifting the operative leg. Left knee range of motion is 5-95 degrees, and balance is impaired, as evidenced by a Tinetti score of 16/28, indicating increased fall risk and homebound status due to the significant effort required to leave the home. Skilled nursing reviewed medications, potential side effects of pain management, postoperative care, and safety with ambulation, with both patient and spouse demonstrating understanding. The patient tolerated therapeutic exercises and would benefit from continued skilled nursing (once weekly for two weeks) and physical therapy to improve strength, range of motion, mobility, and progression toward independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/18/2026
 Physician Face-to-Face Date: 04/02/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee 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 (04/18/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26)

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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 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.

LEFT KNEE
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT DRESSING INTACT

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - LEFT DRESSING INTACT: SN TO REMOVE DRESSING POST OP DAY 7, cough/deep breathing exercises, incentive spirometer

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

SN Goals

PATIENT-STATED GOAL: I WANT TO WALK WITH NO PAIN

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
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/18/2026

Home Health Certification and Plan of Care

Order ID: 1150/18056

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
181064152	04/18/2026	From: 04/18/2026 To: 06/16/2026	21111	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thomas Jackson 3608 Fairview Ave, Baltimore, MD 21216- 410-491-4516	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 WK2: 3 (04/19/26-04/25/26) ,WK3: 3 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: Gait training on level surface and steps: Ambulates with rolling walker and progress to cane, Stretching left knee: Onset left knee 5-95 degrees, home exercise program: Supine quad sets, short arc quads, hip flexion, hip abduction, straight leg raise. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: 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, 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 - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: Be able to walker with a cane by myself and feel comfortable on my spiral staircase

GOALS
Toilet Transfer - 06. Independent

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/18/2026