Home Health Certification and Plan of Care

Order ID: 1150/18232

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
67325213	04/10/2026	From: 04/10/2026 To: 06/08/2026	23235	217058

6. Patient's Name and Address

Linda Knisely
905 Mago Vista Rd,
ARNOLD, MD 21012-
410-903-2225

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 03/12/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	04/10/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	04/10/26
I10.	Essential (primary) hypertension	04/10/26
E03.9	Hypothyroidism unspecified	04/10/26
G20.C	Parkinsonism unspecified	04/10/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/10/26
E55.9	Vitamin D deficiency unspecified	04/10/26
E87.6	Hypokalemia	04/10/26
R32.	Unspecified urinary incontinence	04/10/26
R15.9	Full incontinence of feces	04/10/26
Z79.891	Long term (current) use of opiate analgesic	04/10/26
Z79.890	Hormone replacement therapy	04/10/26

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

Oxycodone - Ibuprofen: Oxycodone Hydrochloride 50 Mg, Take 1 tablet by mouth every 4 hours As needed for pain
Esidrix - Hydrochlorothiazide 25 mg 25 mg / 1 Tablet by mouth in the morning for hypertension
SINEMET 25 mg;100 mg 0 25-100 mg / 1 Tablet by mouth three times a day Take 2 tablets
Synthroid - Levothyroxine Sodium 100 mcg / 1 Tablet by mouth in the morning 30 minutes before a meal for Thyroid
Aspirin 81Mg - Aspirin 1 po by mouth twice a day
Colace - Docusate Sodium 1 po by mouth as necessary

14. DME and Supplies:

bath bench, rolling walker

15. Safety Measures:

standard precautions, walker precautions, fall precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

sulfa

18.A. Functional Limitations

Ambulation, Endurance

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: 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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: After undergoing Right total knee arthroplasty, 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 69-year-old female recently discharged from a rehabilitation facility following a right total knee arthroplasty (TKA) performed on 03/19/2026, with subsequent inpatient rehabilitation through 04/10/2026. Her past medical history is significant for Parkinson's disease, osteoarthritis, gait abnormality, hypertension, hypothyroidism, and sleep apnea. The patient resides with her son, who provides assistance with activities of daily living (ADLs), meal preparation, and transportation, although he also works and attends school. The patient requires an assistive device (rollator/walker) and caregiver support for safe mobility and is considered homebound due to decreased endurance, impaired mobility, and increased fall risk. At the time of skilled nursing assessment, the patient reported a fall earlier in the day after tripping over clutter in her bedroom, requiring EMS assistance to get off the floor, though no injuries were reported. The home environment was noted to have clutter in the bedroom and kitchen, and the patient was educated extensively on fall prevention strategies, home safety modifications, and the importance of maintaining clear pathways to reduce fall risk. Medication reconciliation was completed with no discrepancies noted, and the patient verbalized understanding of her medication regimen. Skilled nursing services will focus on medication management, disease process education related to Parkinson's disease, osteoarthritis, and gait instability, and ongoing monitoring, with a planned frequency of once weekly for six weeks. The patient agreed to the plan of care. Physical therapy evaluation revealed significant functional impairments, including decreased right lower extremity strength, limited knee range of motion (measured at approximately 0-95 degrees), impaired balance, unsteady gait, decreased standing tolerance, and difficulty with transfers and ambulation. The patient requires standby assistance for transfers and ambulation using a walker, with frequent cueing for proper hand and foot placement, forward weight shifting, and safe positioning. She has a notable history of recurrent falls, reportedly occurring multiple times per month prior to consistent use of a rollator, and has been unable to safely negotiate stairs for the past 5-6 years. Swelling of the right knee and a well-healed surgical incision measuring approximately 8 inches were observed. Pain is currently well controlled with prescribed medications. Therapeutic interventions initiated during the visit included passive range of motion exercises for the right knee, as well as supervised therapeutic exercises such as seated hip flexion, long arc quadriceps exercises, mini-squats, heel/toe raises, right hip flexion, and leg curls. A home exercise program was provided with instructions to perform exercises twice daily. The patient was also instructed in safe ambulation techniques using a walker, emphasizing improved step height and length, as well as proper positioning within the assistive device. Education was provided on edema management, including lower extremity elevation and potential use of compression garments per physician recommendation, as well as the application of ice to the right knee for 20 minutes with appropriate skin protection and monitoring. Additional education included the importance of regular ambulation to promote circulation and prevent complications of immobility, with a structured walking program initiated consisting of short, frequent walks within the home, gradually increasing duration as tolerated. Pain management education emphasized taking medications proactively, monitoring for side effects such as dizziness and constipation, and seeking medical attention for concerning symptoms such as chest pain, shortness of breath, or unrelieved pain. Occupational therapy evaluation further identified deficits in ADL performance, decreased upper extremity strength, impaired balance, and reduced functional independence, indicating the need for skilled OT services to improve safety and maintain independence. Overall, the patient demonstrates significant functional decline following surgery, compounded by chronic neurologic and musculoskeletal conditions, placing her at high risk for falls and further decline. Skilled physical therapy, occupational therapy, and nursing services are medically necessary to address strength, mobility, safety, and disease management, with the goal of restoring functional independence and preventing rehospitalization.
 Date of Order 04/10/2026 Orders Physician Face-to-Face Date: 03/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Right total knee arthroplasty Homebound Status per Certifying Physician: patient requires another person or medical

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Uchemadu Nwaononiwu
7670 Quarterfield Road
Glen Burnie, MD 21061
PHONE: FAX: NPI: 1770710451

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 : 03/21/2026

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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equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Nwaononiwu, Uchemadu

SN Careplans

SN WK1: 1 (04/10/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, Home Safety, M2020 - Oral Med Management, swelling in the arms/legs, M1400 - Dyspnea, M1033 - Exhaustion, M1610 - Urinary Incontinence, limited endurance, swelling of affected area, limited range of motion, limited strength, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, balance deficit, lethargy, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: To get my right knee to stop hurting

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/10/2026

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PT WK2: 2 (04/12/26-04/18/26) ,WK3: 2 (04/19/26-04/25/26) ,WK4: 2 (04/26/26-05/02/26) ,WK5: 2 (05/03/26-05/09/26) ,WK6: 2 (05/10/26-05/16/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Apply ice to R knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PATIENT-STATED GOAL: I want to get stronger

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (04/12/26-04/18/26) ,WK4: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to get good balance;to maintain the current funcational activity level

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 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 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/10/2026