

Home Health Certification and Plan of Care				Order ID: 1150/18287	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
941300546		04/24/2026		From: 04/24/2026 To: 06/22/2026	
4. Medical Record No.		5. Provider No.			
24626		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Olivia Henderson 6 Fernsell Ct Apt 1A, ROSEDALE, MD 21237- 443-326-7233			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 08/30/1950 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Z47.1			Principal Diagnosis Aftercare following joint replacement surgery		
13. ICD Z96.652 M17.11 I10. E78.5 I70.0 E04.2 M06.9 R73.03 Z79.52 Z79.84 Z86.0100 Z96.642 Z90.710			Date 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26 04/24/26		
14. DME and Supplies: cane, walker			15. Safety Measures: walker precautions, knee precautions, fall precautions, medication safety, ambulates with device		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: mevacor naprosyn zocor		
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: poor					
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 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.					
Clinical Condition Requiring Homecare: <p class="MsoNoSpacing">A 75-year-old female with a past medical history significant for Prediabetes, Atherosclerosis of the aorta, Osteoarthritis of the left hip, Hypertension, Hyperlipidemia, goiter, rheumatoid arthritis, and prior total hip replacement was admitted to home health services following an uncomplicated elective left total knee replacement, with same-day discharge home. On assessment, the patient was seated, alert and oriented x4, reporting pain rated 7-8/10 in the left calf and shin. Physical examination revealed clear lung sounds, audible bowel sounds, palpable pulses, and trace edema in the left lower extremity with normal capillary refill; the surgical incision with Aquacel dressing was intact with no drainage or signs of complications. The patient resides in an apartment with her daughter and accesses the home via a patio entrance with two curb steps despite a 15-step primary entry. She presents with decreased left knee strength and range of motion, impaired balance, difficulty with ambulation and stair negotiation, and increased fall risk. Medications were reviewed, vital signs obtained, and the patient was formally admitted to home health. Education was provided on and therapeutic exercises were initiated, including quadriceps sets, long arc quads, seated hip flexion, heel slides, and ankle pumps, along with instruction on proper gait sequencing and a home exercise program. The patient participated well, and a plan of care for continued skilled therapy to improve mobility, strength, and functional independence was established.</p><p class="MsoNoSpacing"><o:p> </o:p></p><p class="MsoNoSpacing">Date of Order<o:p></o:p></p><p class="MsoNoSpacing">04/24/2026 Physician Face-to-Face Date: 04/15/2026 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></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: <o:p></o:p></p><p class="MsoNoSpacing">Physician: Huang, James</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/24/2026					
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 : 04/15/2026		
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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SN WK1: 1 (04/24/26-04/25/26) ,WK2: 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: 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:No Advance Directive					
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, swell/redness surround. skin, #1 - Observable Surgical Wound - Anterior Left Knee -					
PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Knee -: Remove dressing one week after day of surgery., 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 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule					
PATIENT-STATED GOAL: I want my knee to heal.					
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					
patient self-administers medications as prescribed					
* recalls related medication(s) purpose, schedule					
PT Careplans			PT Goals		
PT WK1: 1 (04/24/26-04/25/26) ,WK2: 3 (04/26/26-05/02/26) ,WK3: 2 (05/03/26-05/09/26)			PATIENT-STATED GOAL: To walk better and progress off the walker		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand			GOALS		
PROCEDURES: Medication management : Review medication with pt, cough/deep breathing exercises, incentive spirometer, home exercise program: Seated heelslides 20 second holds, qs, laq, heelraises, aps, hip flexion, standing TKES,, equipment training,			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		
			1 - Step (curb) - 04. Supervision or touching assistance		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			04/24/2026		

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work simplification/energy conservation, 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 - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Range of motion		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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent Range of motion 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 Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance		

Signature of Physician:	Date
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