Home Health Certification and Plan of Care

Order ID: 1150/18485

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15269810460	03/17/2026	From: 03/17/2026 To: 05/15/2026	23695	217058

6. Patient's Name and Address

Anna Volodarsky
6928 MARSUE DR APT 1D,
BALTIMORE, MD 21215-
667-406-9352

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 03/05/1946 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	03/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/17/26
J44.9	Chronic obstructive pulmonary disease unspecified	03/17/26
E11.9	Type 2 diabetes mellitus without complications	03/17/26
I11.0	Hypertensive heart disease with heart failure	03/17/26
I50.9	Heart failure unspecified	03/17/26
E06.3	Autoimmune thyroiditis	03/17/26
Z79.82	Long term (current) use of aspirin	03/17/26
Z87.891	Personal history of nicotine dependence	03/17/26
Z95.5	Presence of coronary angioplasty implant and graft	03/17/26

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

Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 tablet by mouth every 6 hours As needed for pain
Aspirin - Aspirin 81 mg by mouth once a day for DVT prophylaxis
Extra Strength Tylenol - Acetaminophen 1 tablet by mouth every 6 hours As needed for pain
Synthroid - Levothyroxine Sodium 0.1 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 1 tablet by mouth in the morning Thyroid
Toujeo Solostar - Insulin Glargine Recombinant 25 units subcutaneous in the morning Dm

14. DME and Supplies:

rolling walker, bath bench, hand held shower, diabetic supplies, commode, grab bars, walker, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, standard precautions, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

diabetic

17. Allergies:

bupropion celebrex crestor invokana januvia lasix lipitor losartan motrin prasugr

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Walker

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: 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

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

Homebound status: After undergoing Left Total Hip 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 79-year-old female status post left total hip arthroplasty performed on 02/11/2026, with a past medical history significant for advanced osteoarthritis affecting the knees and contralateral hip, which previously limited mobility. Her postoperative course has been complicated by persistent pain and decreased functional mobility. The patient has an extensive allergy profile including Bupropion, Celebrex, Crestor, Invokana, Januvia, Lasix, Lipitor, Losartan, Motrin, Prasugrel, Repaglinide, statins (general class), sulfa drugs, tetracycline, vitamin D, Vytorin, and Zetia. She resides alone in a second-floor apartment requiring navigation of multiple steps and receives assistance from a paid aide approximately 20 hours per week. Prior to hospitalization, the patient regularly attended an adult medical daycare, where she also received daily insulin administration; however, she is currently homebound due to inability to safely manage stairs. Her insulin has been delivered to the home, and she will require education and training for self-administration. The patient is a full code, and all prescribed medications are available in the home. She is primarily Russian-speaking but is able to communicate in English as a second language. At present, the patient ambulates with a walker and requires one-person assistance. Physical therapy evaluation reveals significant deficits in strength and mobility, with manual muscle testing of the left lower extremity graded at 2-/5, limited by pain and adherence to hip precautions. She demonstrates decreased range of motion and strength in the left shoulder as well. The patient requires contact guard assistance for transfers and short-distance ambulation using a rollator. Prior to surgery, she was independent with indoor ambulation using a rollator and utilized a single-point cane for stair negotiation. During therapy, she was instructed in seated therapeutic exercises and demonstrated the ability to follow instructions; a written home exercise program was provided. Functionally, the patient requires contact guard assistance for sit-to-stand transfers, particularly from low surfaces. She requires maximal assistance for lower body dressing and is able to complete upper body dressing with setup assistance. She is able to perform toilet transfers with contact guard assistance using the bathroom counter for support, and adaptive equipment is available, including a chair for tub transfers. Given her current functional limitations, pain, and environmental barriers, the patient will require ongoing skilled physical therapy to improve strength, range of motion, and safety with mobility in order to progress toward her prior level of function. Additionally, extensive education is required regarding diabetes management, including insulin self-administration, pain management strategies, and home safety to reduce fall risk and support independence.
 Date of Order 03/17/2026 Orders Physician Face-to-Face Date: 02/16/2026 Clinical Condition Requiring Home Care per Certifying Physician: Skilled Nursing, Physical Therapy, and Occupational Therapy for Strengthening Exercises and Evaluate due to Left Total Hip Arthroplasty 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: OT Eval Notes: Physician Ilori, OludolapoThe patient is a 79-year-old female status post left total hip arthroplasty performed on 02/11/2026, with a past medical history significant for advanced osteoarthritis affecting the knees and contralateral hip, which previously limited mobility. Her postoperative course has been complicated by persistent pain and decreased functional mobility. The patient has an extensive allergy profile including Bupropion, Celebrex, Crestor, Invokana, Januvia, Lasix, Lipitor, Losartan, Motrin, Prasugrel, Repaglinide, statins (general class), sulfa drugs, tetracycline, vitamin D, Vytorin, and Zetia. She resides alone in a second-floor apartment requiring navigation of multiple steps and receives assistance from a paid aide approximately 20 hours per week. Prior to hospitalization, the patient regularly attended an adult medical daycare, where she also received daily insulin administration; however, she is currently homebound due to inability to safely manage stairs. Her insulin has been delivered to the home, and she will require education and training for self-administration. The patient is a full code, and all prescribed medications are available in the home. She is primarily Russian-speaking but is able to communicate

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Veronica Epstein
114 Business Center Drive
Reisterstown, MD 21136
PHONE: 410-833-2772 FAX: 14105264897 NPI: 1962465195

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 : 02/16/2026

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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in English as a second language. At present, the patient ambulates with a walker and requires one-person assistance. Physical therapy evaluation reveals significant deficits in strength and mobility, with manual muscle testing of the left lower extremity graded at 2-/5, limited by pain and adherence to hip precautions. She demonstrates decreased range of motion and strength in the left shoulder as well. The patient requires contact guard assistance for transfers and short-distance ambulation using a rollator. Prior to surgery, she was independent with indoor ambulation using a rollator and utilized a single-point cane for stair negotiation. During therapy, she was instructed in seated therapeutic exercises and demonstrated the ability to follow instructions; a written home exercise program was provided. Functionally, the patient requires contact guard assistance for sit-to-stand transfers, particularly from low surfaces. She requires maximal assistance for lower body dressing and is able to complete upper body dressing with setup assistance. She is able to perform toilet transfers with contact guard assistance using the bathroom counter for support, and adaptive equipment is available, including a chair for tub transfers. Given her current functional limitations, pain, and environmental barriers, the patient will require ongoing skilled physical therapy to improve strength, range of motion, and safety with mobility in order to progress toward her prior level of function. Additionally, extensive education is required regarding diabetes management, including insulin self-administration, pain management strategies, and home safety to reduce fall risk and support independence.
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 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Epstein, Veronica

SN Careplans

SN WK1: 2 (03/17/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, muscle weakness, limited endurance, daytime fatigue, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: incentive spirometer, bladder training, teach/coordinate/arrange medication packaging and/or administration

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

SN Goals

PATIENT-STATED GOAL: I want to learn how to give myself my own insulin with my insulin pen.

GOALS
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/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/17/2026

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bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (03/17/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,WK5: 1 (04/12/26-04/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, home exercise program, strengthening exercises, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

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

Walk 150 Feet - 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

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

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

Medication Review

Sit to Stand - 06. Independent

OT Careplans

OT WK1: 2 (03/17/26-03/21/26) ,WK2: 2 (03/22/26-03/28/26) ,WK3: 2 (03/29/26-04/04/26)

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

PROCEDURES: Balance ex's, safety during ADLs and IADLs, Increase endurance to F+, equipment training, work simplification/energy conservation, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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 - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: To be able to walk and return to day care

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

Walk 150 Feet - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Sit to Stand - 06. Independent

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

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

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