Home Health Certification and Plan of Care

Order ID: 1150/18850

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2D41C05YD35	03/27/2026	From: 05/26/2026 To: 07/24/2026	24136	217058

6. Patient's Name and Address
Alfred Luebben
8904 Lennings Lane,
Rosedale, MD 21237-
410-687-4336

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 11/10/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T84.53XD	Infect/inflm reaction due to internal r knee prosth subs	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
B95.61	Methicillin suscep staph infct causing dis classd elswhr	03/27/26
M00.269	Other streptococcal arthritis unspecified knee	03/27/26
I27.20	Pulmonary hypertension unspecified	03/27/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	03/27/26
I50.32	Chronic diastolic (congestive) heart failure	03/27/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/27/26
N18.30	Chronic kidney disease stage 3 unspecified	03/27/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/27/26
J96.12	Chronic respiratory failure with hypercapnia	03/27/26
G25.81	Restless legs syndrome	03/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/27/26
M35.3	Polymyalgia rheumatica	03/27/26
I89.0	Lymphedema not elsewhere classified	03/27/26
F41.9	Anxiety disorder unspecified	03/27/26
D69.6	Thrombocytopenia unspecified	03/27/26
M48.00	Spinal stenosis site unspecified	03/27/26
R33.9	Retention of urine unspecified	03/27/26
E66.01	Morbid (severe) obesity due to excess calories	03/27/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	03/27/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/27/26
Z79.01	Long term (current) use of anticoagulants	03/27/26
Z79.4	Long term (current) use of insulin	03/27/26
Z99.89	Dependence on other enabling machines and devices	03/27/26
Z95.5	Presence of coronary angioplasty implant and graft	03/27/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth once a day Indication: Other, AUR
Senna - Senna 8.6 mg / 1 Tablet by mouth twice a day Indication: Constipation
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate ER 25 mg / 1 Tablet by mouth in the evening
Glucose 40 % Oral Gel 15 gm 1 ea by mouth as necessary T2DM
Cefadroxil - Cefadroxil/Cefadroxil Hemihydrate eq 500 mg base take 2 capsules by mouth every 12 hours Antibiotics
Spironolactone 25 mg by mouth in the morning Just 1/2 tab per day
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg/tablet / Take 7.5 mg 1.5 tablet by mouth as necessary Indication: Pain PRN Reason: pain, severe (7 to 10)
SILDENAFIL CITRATE mg 1 tab PO 3x/day Indication: Pulmonary hypertension
SERTRALINE mg 1 tab PO Daily Indication: Depression
ROSUVASTATIN CALCIUM mg 1 tab PO Daily Indication: Cardiovascular system dz
MODAFINIL 200 mg 1 tab PO once a day with breakfast. Indication: Obstructive sleep apnea
RANOLAZINE ER 500 mg 1 tab PO 2x/day Indication: Angina pectoris, chronic
MELATONIN mg 1 tab PO Nightly PRN Reason: insomnia, Indication: Insomnia
HYDRALAZINE 100 mg 1 tab PO three times a day Indication: Hypertension
ACETAMINOPHEN mg 2 tab PO q8h Indication: Pain
ACETAZOLAMIDE mg 1 tab PO Daily Indication: Edema
Aspirin Ec - Aspirin 81 mg 1 tab PO Daily Indication: Cardiovascular Disease
CLOPIDOGREL mg 1 tab PO Daily Indication: Platelet aggregation inhibitor
TORSEMIDE 100 mg 1 PO Daily Indication: Edema-congestive heart failure
Insulin Lispro COD (per unit) 1,000 unit/10mL / 10 units subcutaneous once a day with meals. Indication: Diabetes mellitus
Insulin Glargine Inj (per unit) 37 units subcutaneous in the evening Indication: Diabetes mellitus

14. DME and Supplies:
wheelchair, rolling walker, cane, commode, grab bars

15. Safety Measures:
transfer with assist, standard precautions, diabetic precautions, cardiac precautions, bleeding precautions, ambulates with assistance, ambulates with device

16. Nutrition:
diabetic

17. Allergies:
losartan (Mild) Throat irritation, Swelling of throat, Augmentin, Lyrica swelling, r

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Wheelchair, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 3. Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: Knee flexion 115, ext -5 , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Infection and inflammatory reaction due to internal right knee prosthesis, subsequent encounter, 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:
Physical therapy recertification was completed for the patient, who was originally referred to home health services following a right knee infection requiring removal of the hardware and placement of an antibiotic spacer, which is likely to remain permanently. The patient continues to make slow but steady progress and demonstrates good motivation during therapy sessions. Current focus of care includes lower extremity strengthening, flexibility training, dynamic balance activities, standing tolerance, gait sequencing with a rolling walker, and wheelchair negotiation and management. Despite ongoing functional limitations, the patient shows continued rehabilitation potential and would benefit from ongoing skilled physical therapy services to improve mobility, safety, and overall functional independence.<o:p></o:p>   Bottom of Form<o:p></o:p> Date of Order<o:p></o:p> 05/21/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/23/2026
 Clinical Condition Requiring Home Care per Certifying Physician:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jessica Sewell
103 Bata Boulevard
Belcamp, MD 21017
PHONE: 4105756611 FAX: 14103672141 NPI: 1205803533

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 : 03/23/2026

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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SN disease and medication management, PT eval and treat, OT eval and treat HHA Adl's DX: Infection and inflammatory reaction due to internal right knee prosthesis, subsequent encounter
 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>
 4 - Recertification PT Notes: due to right knee infection <o:p></o:p> Physician: Sewell, Jessica

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/26/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26)

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, blood sugar < 60 > 300

CAREGIVER: Wfl

HOSPITALIZATION RISKS: 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, 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; 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, swelling in the arms/legs, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, balance

PT Goals

PATIENT-STATED GOAL: To be able to walk again with walker with some assist in the home and stand without help

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Picking Up Object - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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

Sit to Stand - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/21/2026

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deficit, obesity, discolored patches of skin

PROCEDURES: Medication management : Review medication with pt, wheelchair training, home exercise program: Seated heel slides, laq, hip flexion, heelraises, toe raises,knee flexion and extension stretching, standing TKES RLE in rw 3 second holds, dynamic standing balance exercises: Focus on walking within the home with hands-on assistance and use of walker to be able to navigate sidestepping in and out of the bathroom., gait training on uneven surfaces: Focus on walking within the home with hands-on assistance and use of walker to be able to navigate sidestepping in and out of the bathroom., 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Lower Body Dressing - 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	05/21/2026