Home Health Certification and Plan of Care

Order ID: 1150/18794

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15260345	05/19/2026	From: 05/19/2026 To: 07/17/2026	25190	217058

6. Patient's Name and Address
Chippella Lewis
10641 Gramercy Pl Unit 147,
COLUMBIA, MD 21044-
240-962-2581

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 09/25/1975 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	05/19/26
M54.16	Radiculopathy lumbar region	05/19/26
K76.0	Fatty (change of) liver not elsewhere classified	05/19/26
H52.4	Presbyopia	05/19/26
K31.A0	Gastric intestinal metaplasia unspecified	05/19/26
I87.8	Other specified disorders of veins	05/19/26
F43.10	Post-traumatic stress disorder unspecified	05/19/26
R73.03	Prediabetes	05/19/26
E66.9	Obesity unspecified	05/19/26
Z68.30	Body mass index [BMI] 30.0-30.9 adult	05/19/26
Z79.82	Long term (current) use of aspirin	05/19/26
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID)	05/19/26
Z79.891	Long term (current) use of opiate analgesic	05/19/26
Z60.2	Problems related to living alone	05/19/26

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

Zofran Odt - Ondansetron Disintegerating 4 mg/tablet / Dissolve 1 tablet on the tongue by mouth every 8 hours as needed for nausea or vomiting
MULTIVITAMIN 1 tablet by mouth daily
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 tablet by mouth every 4 hours for pain
Extra Strength Tylenol - Acetaminophen 1 tablet by mouth as necessary pain
Aspirin 81Mg - Aspirin 1 tablet by mouth twice a day once in morning and once in evening for clots
REGLAN 10 mg / 1 Tablet Oral as necessary along with benadryl and ibuprofen to supplement headache control. Max 3 x a day
FINACEA 15 % Top Gel / Apply to affected area(s) topical twice a day as tolerated. If skin irritation is experienced, apply less often (once a day or few times a week).
Kenalog - Triamcinolone Acetonide 0.1 % Top Ointment / Apply medication to affected area(s) topical twice a day for no more than 5 days a week. Repeat weekly. Decrease frequency of use as skin improves
Urea (CARMOL 20) 20 % Top Cream / Apply to affected area(s) topical once a day

14. DME and Supplies:
None of the above

15. Safety Measures:
fall precautions, ambulates with device, ambulates with assistance, Hip Precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
prednisone

18.A. Functional Limitations
Amputation

18.B. Activities Permitted
Walker, Independent at Home

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: 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

Homebound status: After undergoing Right total hip replacement, 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 50-year-old female referred for skilled home health physical therapy evaluation following recent right total hip replacement performed on 05/13/2026 secondary to osteoarthritis and aseptic necrosis of the right hip. Her past medical history is significant for lumbar radiculopathy, osteoarthritis/aseptic necrosis of the right hip, and prediabetes. The patient presents postoperatively with complaints of right hip pain, difficulty walking, impaired transfers, and decreased tolerance for functional mobility activities following surgery. At the time of evaluation, the patient demonstrated right lower extremity weakness, impaired dynamic standing balance, antalgic gait pattern, decreased endurance, and increased fall risk affecting overall mobility and safety within the home environment. Functional deficits are impacting bed mobility, transfers, stair negotiation, and household ambulation. The patient currently requires supervision to contact guard assistance for transfers and ambulates household distances using a rolling walker with noted decreased stance time on the right lower extremity, reduced gait speed, and guarded mobility patterns secondary to pain and weakness. Assessment of the surgical site revealed the incision covered with an intact Aquacel dressing without drainage, redness, warmth, or visible signs and symptoms of infection. Skilled education was provided regarding post-operative hip precautions, medication management, deep vein thrombosis prevention, infection prevention, edema control techniques, fall prevention strategies, safe use of assistive devices, and the importance of adherence to the prescribed progressive home exercise program. The patient demonstrated understanding of the education provided. Skilled home health physical therapy services are medically necessary to address lower extremity strength deficits, range of motion limitations, impaired gait mechanics, decreased balance, transfer deficits, stair negotiation difficulties, and reduced functional endurance. Interventions will focus on improving safety, mobility, functional independence, and activity tolerance in order to restore the patient to prior level of function, reduce fall risk, and prevent complications or rehospitalization during the postoperative recovery period.
 Date of Order 05/19/2026 Orders Physician Face-to-Face Date: 04/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right total hip replacement 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 - PT Notes: soc
 Physician Narcisse, Patrick

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Patrick Narcisse
2391 Greenspring Dr
Timonium , MD 21093
PHONE: 410-847-3000 FAX: NPI: 1508397092

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 : 04/28/2026

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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PT Careplans

PT WK1: 3 (05/19/26-05/23/26) ,WK2: 2 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170K1 - Walk 150 Feet, 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, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited strength, limited range of motion, Pain Interference with ADLs, Pain Interference

PT Goals

PATIENT-STATED GOAL: To have successful post surgical outcome

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
* 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

Sit to Stand - 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

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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
05/19/2026

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limited strength, limited range of motion, Pain interference with ADLs, Pain interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: B LE strengthening: 1, B LE strengthening: 1, physician-ordered wound care: Remove Aquacel dressing on post-operative day 7. After removal, leave incision open to air if dry and intact. Monitor surgical site for signs/symptoms of infection including redness, warmth, drainage, odor, increased swelling, or wound dehiscence. Notify MD of any abnormal findings. Do not apply lotions, creams, or ointments to incision unless otherwise directed by physician., home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the day. Patient verbalized understanding and demonstrated good carryover., gait training/stair 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, patient self-administers medications as prescribed, 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 - 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 - 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	05/19/2026