

Home Health Certification and Plan of Care				Order ID: 1150/18945	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
84105318		05/23/2026		From: 05/23/2026 To: 07/21/2026	
4. Medical Record No.		5. Provider No.			
25646		217058			
6. Patient's Name and Address Alexander Dixon 320 West Bay Front Rd, Lothian, MD 20711- 443-758-8199			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 12/06/1942 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Principal Diagnosis Date			WARFARIN 2.5 mg/tablet / Take 5mg (2 tablets) by mouth daily If needed, as directed by Anticoagulation Clinic (888-845-0095)		
Z47.1 Aftercare following joint replacement surgery 05/23/26			Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
13. ICD Other Pertinent Diagnoses Date			Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
Z96.652 Presence of left artificial knee joint 05/23/26			Pyridox 1,000 unit (25 mcg) / 1 Tablet by mouth daily		
M17.11 Unilateral primary osteoarthritis right knee 05/23/26			NORVASC 10 mg / 1 Tablet by mouth daily For high blood pressure		
G47.33 Obstructive sleep apnea (adult) (pediatric) 05/23/26			LIPITOR 10 mg / 1 Tablet by mouth daily		
I10. Essential (primary) hypertension 05/23/26			Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) / 1 Tablet		
M47.816 Spondylosis w/o myelopathy or radiculopathy lumbar region 05/23/26			by mouth once a day		
M48.061 Spinal stenosis lumbar region without neurogenic claud 05/23/26			COZAAR 5		

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swelling, including elevating lower extremities above heart level during rest periods and continued use of compression garments as ordered by the physician. Patient verbalized understanding of instructions provided. Patient reported bowel movement earlier today, stating it felt somewhat forced but otherwise normal. Patient remains on a bowel regimen and uses dried prunes as needed for constipation prevention. Medications were reviewed during the visit with no missing medications, discrepancies, or refill needs identified. Admission paperwork was completed and signed, and patient verbalized agreement with the established plan of care. Physical therapy evaluation completed with patient and primary caregiver participation. Patient presents with decreased lower extremity strength, impaired balance, decreased endurance, unsteady gait, decreased functional mobility, difficulty negotiating steps, impaired transfers, and increased fall risk status post left total knee replacement. Functional deficits significantly increase the patient's risk for falls and further decline in independence if skilled intervention is not provided. Patient currently requires minimal assistance to standby assistance for safe transfers and ambulation using a walker. Skilled verbal cueing was provided for proper hand and foot placement, forward weight shift, positioning within the walker, improved bilateral step height and length, and reaching back to the chair prior to sitting. Patient is instructed to utilize the walker at all times for safety during ambulation. Bed mobility training was also completed with instruction in proper body mechanics to facilitate independence, with patient requiring minimal assistance to complete bed mobility safely. Therapeutic exercises were initiated and performed in supine position, including ankle pumps, quadriceps sets, gluteal sets, and heel slides. Passive range of motion exercises to the left knee were also performed. A written home exercise program was provided with instructions to complete exercises twice daily. Patient was educated on the importance and benefits of regular ambulation to improve circulation, endurance, and prevent complications related to inactivity. Walking program initiated with recommendation for short walks within the home every 1-2 hours, gradually progressing duration as tolerated beginning with 3-5 minute walks. Patient was also instructed to apply ice to the left knee for 20 minutes at a time using an appropriate skin barrier and to perform skin assessments every five minutes during icing sessions. Additional education was provided regarding home safety, fall prevention strategies, environmental risk reduction, and safety awareness to decrease the likelihood of falls within the home. Patient and caregiver participated in development of the physical therapy plan of care and verbalized agreement with goals and treatment recommendations. Patient is scheduled to begin outpatient physical therapy on 06/01/2026 and follow up with orthopedic surgeon Dr. Huang on 06/04/2026. Skilled home health physical therapy remains medically necessary to improve strength, balance, gait, transfers, mobility, endurance, and overall safety in order to maximize functional independence and reduce risk for falls

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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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals					
PT Careplans PT WK2: 3 (05/24/26-05/30/26) ,WK3: 3 (05/31/26-06/06/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0130F1 - Upper Body Dressing, 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, GG0170D1 - Sit to Stand, 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 PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., therapeutic modalities: Apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 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					