Home Health Certification and Plan of Care

Order ID: 1150/19216

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
56216048	06/03/2026	From: 06/03/2026 To: 08/01/2026	18534	217058

6. Patient's Name and Address

Esteban Sandrino
711 Kent Ave,
CATONSVILLE, MD 21228-
410-949-4565

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 12/26/1962 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	06/03/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	06/03/26
M17.11	Unilateral primary osteoarthritis right knee	06/03/26
I10.	Essential (primary) hypertension	06/03/26
E78.5	Hyperlipidemia unspecified	06/03/26
L40.9	Psoriasis unspecified	06/03/26
N52.8	Other male erectile dysfunction	06/03/26
H90.3	Sensorineural hearing loss bilateral	06/03/26
E55.9	Vitamin D deficiency unspecified	06/03/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	06/03/26
R73.03	Prediabetes	06/03/26
Z86.0100	Personal history of colonic polyps	06/03/26

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

Tylenol - Acetaminophen 325 mg by mouth every 4-6 hours every 4 to 6 hours as needed for pain; maximum daily dose: 3250 mg daily
Alvesco - Ciclesonide 0.16 mg/inh 160 mcg/actuation , Inhale 1 puff by mouth twice a day by mouth 2 times a day (controller inhaler)
Norvasc - Amlodipine Besylate 5 mg, take 1 tablet by mouth once a day HTN
Asa 81 Mg - Aspirin 81MG; 1 TAB by mouth twice a day POST LEFT KNEE REPLACEMENT
Lipitor - Atorvastatin Calcium eq 40 mg base 40 mg, take 1 tablet by mouth at bedtime CHOLESTEROL
Zyrtec - Cetirizine Hydrochloride 10 mg, take 1 tablet by mouth twice a day ALLERGIES
Colace - Docusate Sodium 1 CAP by mouth twice a day STOOL SOFTNER
Cymbalta - Duloxetine Hydrochloride 30 mg 30 mg, take 1 capsule by mouth once a day ANTI-DEPRESSANT
Hydrochlorothiazide - Hydrochlorothiazide 25 mg 25 mg, take 1 tablet by mouth once a day HTN
Meclizine - Meclizine Hydrochloride 25 mg, take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times a day as needed for dizziness
Mobic - Meloxicam 15 mg 15 mg, take 1 tablet by mouth once a day OA
Singulair - Montelukast Sodium 10 mg, take 1 tablet by mouth in the evening Take 1 tablet by mouth every evening
Prilosec - Omeprazole 20 mg 20 mg, take 1 capsule by mouth twice a day take 1 capsule orally twice per day; before breakfast and before dinner
Revatio - Sildenafil Citrate 20 or 60 mg, take 1 or 3 tablet by mouth as necessary Take 1 or 3 tablets (20 or 60 mg) by mouth 1 hour prior to sexual activity. Do not exceed 1 dose (3 tablets) in 24 hours
Protonix - Pantoprazole Sodium eq 40 mg base 40 mg, take 1 tablet by mouth once a day Take 1 tablet by mouth daily 30 to 60 minutes prior to a meal
Mucinex Dm - Dextromethorphan Hydrobromide: Guaifenesin 30-600 mg by mouth every 12 hours One every 12 hours PRN Cough

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/03/2026

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 : 05/13/2026

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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and
Congestion
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5MG; 1 TAB by mouth every 4 hours AS NEEDED FOR PAIN
Albuterol - Albuterol 90 mcg/actuation , Inhale 2 Puffs inhalant every 6 hours Inhale 2
Puffs by
mouth every
6 hours as
needed for
wheezing
(rescue
inhaler)
Pulmicort - Budesonide 0.5 mg/2 mL Inhl NbSp inhalant twice a day Use 1 respule in 8
oz of Neil
Med
irrigation
twice a day
every day
until directed
otherwise by
Dr Aguilar
Astelin - Azelastine Hydrochloride 137mcg (0.1 %) Nasl Aero Spray, Use 1 Spray Nasal at bedtime Use 1 Spray
in each
nostril daily
at bedtime
Atrovent - Ipratropium Bromide 0.02 perc 21 mcg (0.03 %) Nasl Spray, Use 2 sprays Nasal twice a day Use 2
Sprays in
each nostril
2 times a
day
Loprox - Ciclopirox 0.77% apply to affected area topical twice a day Apply to affected
area(s) 2
times a day
for
maintenance
Vectical - Calcitriol 3 mcg/gram, apply to affected area topical as necessary apply to
affected
area on
weekdays
Temovate - Clobetasol Propionate 0.05% apply to affected area topical twice a day Apply to
affected
area(s) 2
times a day
Up to 14
days per
month

14. DME and Supplies:	15. Safety Measures:
walker, cane, ICE MAN	standard precautions, knee precautions, fall precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, supervision at all times, transfer with assist, anticoagulant precautions, activity supervision
16. Nutrition:	**17. Allergies:**
Z. NO PHYSICIAN-ORDERED DIET	no known allergies
18.A. Functional Limitations	**18.B. Activities Permitted**
Endurance, Ambulation	Cane, 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:	22.B.Discharge Plans
SELF-CARE: 3. Independent - Patient completed all the activities by	patient will be responsible for managing treatment

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/03/2026

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him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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:

Patient is a 63-year-old male admitted to home health services following left total knee arthroplasty (TKA) secondary to advanced bilateral knee osteoarthritis. Past medical history is significant for hypertension, hyperlipidemia, obesity, prediabetes, psoriasis, vitamin D deficiency, and chronic bilateral knee pain. Patient is alert and oriented 3 and reports left knee pain at 2/10, effectively managed with Tylenol, ice therapy, and use of TED stockings postoperatively. Patient denies shortness of breath, lung sounds are clear throughout, appetite is good, and no bowel movement has occurred since surgery. Left knee surgical dressing is intact with no concerns noted at this time. Patient presents with postoperative edema, decreased left knee range of motion and strength, antalgic gait, impaired transfers, reduced activity tolerance, and limited functional mobility requiring the use of an assistive device for ambulation and stair negotiation, contributing to increased fall risk and decline from prior level of function. Skilled nursing reviewed all medications, including dosages, frequency, side effects, pain management, and postoperative instructions, with patient and spouse verbalizing understanding. Skilled physical therapy is medically necessary to address range of motion, strengthening, gait mechanics, balance, transfer safety, pain management, and progression of functional mobility to maximize independence, promote safe recovery, and reduce the risk of complications or rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 06/03/2026
 Physician Face-to-Face Date: 05/13/2026
 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>
 1 - SOC - SN Notes:
 PT Eval Notes: <o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (06/03/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, #1 - Observable Surgical Wound - Anterior Left Knee - CLOSED NO S/S OF INFECTION NOTED

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care:

SN Goals

PATIENT-STATED GOAL: TO WALK BETTER

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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SN TO REMOVE LEFT KNEE DRESSING POST OP DAY 7

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 WK1: 2 (06/03/26-06/06/26) ,WK2: 3 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, 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, GG0170D1 - Sit to Stand, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer

PROCEDURES: B LE mm strengthening: 1, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., 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, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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

PT Goals

PATIENT-STATED GOAL: to have a successful post surgical outcome

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

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

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