Home Health Certification and Plan of Care

Order ID: 1150/20840

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32051454	07/24/2026	From: 07/24/2026 To: 09/21/2026	15980	217058

6. Patient's Name and Address
Dorothy Willis
57 S Morley St,
Baltimore, MD 21229-
410-361-0811

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 08/05/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/24/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/24/26
N18.30	Chronic kidney disease stage 3 unspecified	07/24/26
D63.1	Anemia in chronic kidney disease	07/24/26
E78.5	Hyperlipidemia unspecified	07/24/26
I65.29	Occlusion and stenosis of unspecified carotid artery	07/24/26
E55.9	Vitamin D deficiency unspecified	07/24/26
H26.9	Unspecified cataract	07/24/26
E66.01	Morbid (severe) obesity due to excess calories	07/24/26
Z79.82	Long term (current) use of aspirin	07/24/26
Z96.653	Presence of artificial knee joint bilateral	07/24/26

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

Zinc 50 MG Tablet 50 MG Tablet 1 tablet by mouth once a day
Docusate Sodium - Docusate Sodium 100 MG Tablet 2 tablets by mouth once a day
Gabapentin - Gabapentin 100 MG Capsule 1 tablet by mouth twice a day
Atorvastatin Calcium - Atorvastatin Calcium 80 MG Tablet 1 table by mouth once a day 80 MG Tablet 1 tablet Orally 1 tablet per day,
Aspirin 81Mg - Aspirin 81 MG Tablet Delayed Release 1 tablet Orally by mouth once a day 81 MG Tablet Delayed Release 1 tablet Orally 1 tablet per day
Lisinopril And Hydrochlorothiazide - Hydrochlorothiazide: Lisinopril 20-12.5 MG Tablet 1 tablet by mouth once a day
Metoprolol Succinate - Metoprolol Succinate 50 MG Tablet Extended Release 24 Hour take 1 tablet by mouth once a day
Magnesium Hydroxide - Magnesium Hydroxide 400 MG Take 2 tablets by mouth once a day
Acetaminophen - Acetaminophen 325 mg 2 tablets by mouth every 6 hours 325 MG Tablet 4 tablets as needed Orally every 6 hrs,
Acarbose - Acarbose 25 MG, take 2 Tablet by mouth once a day 25 MG Tablet as directed Orally 2 a day,
Ezetimibe - Ezetimibe 10 mg 1 tab by mouth once a day
Famotidine - Famotidine 20 mg 1 tab by mouth once a day
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 tab by mouth every 4 hours Prn pain
Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base 1 tab by mouth twice a day
Senna - Senna 8.6 mg by mouth twice a day Constipation

14. DME and Supplies:
rolling walker, commode, small base cane, bath bench, Stair glide, ramp to enter

15. Safety Measures:
standard precautions, remove environmental barriers, medication safety, fall precautions, diabetic precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed, Up As Tolerated

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: 1. Rarely, 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
patient will be responsible for managing treatment

Homebound status: After undergoing Right total knee 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 76-year-old female admitted to home health services following a right total knee replacement performed on 07/21/2026. She resides in a townhouse with a friend and her sister, who are available to provide assistance as needed. The home is equipped with a wheelchair ramp for entry and a stair glide to access the second floor. Due to her recent surgery, postoperative pain, weakness, impaired balance, and decreased mobility, the patient is considered homebound, as leaving the home requires considerable and taxing effort. She is at an increased risk for falls, as evidenced by a Tinetti Balance and Gait Assessment score of 13/28. A skilled physical therapy evaluation revealed decreased right lower extremity strength, reduced range of motion, impaired gait mechanics, and diminished functional mobility following surgery. The patient ambulates approximately 30 feet on the first floor using a rolling walker with supervision and verbal cueing to improve gait pattern. On the second floor, where the walker cannot be accommodated due to the narrow hallway, she ambulates approximately 25 feet using a small-based quad cane with supervision. She is able to negotiate three steps to access the stair glide with supervision and verbal cueing for proper sequencing and safety, including instruction to descend the steps backward to reduce fall risk. Transfers to and from the chair, bed, and stair glide are completed with supervision, and bed mobility is performed with supervision. Outside ambulation and car transfer abilities were not assessed during this visit. The patient participated in therapeutic exercises designed to improve strength, range of motion, and functional mobility. She tolerated 10 repetitions each of supine hip flexion, quadriceps sets, short arc quadriceps exercises, straight leg raises, and hip abduction, as well as seated knee extensions and ankle pumps with verbal cueing for proper technique. A home exercise program was initiated, and the patient was instructed to perform the prescribed exercises consistently to promote postoperative recovery. Comprehensive education was provided regarding postoperative knee replacement care, including the importance of applying ice to the right knee for 20 minutes several times daily to reduce pain and swelling, elevating the lower extremities above heart level to assist with edema management, ambulating at least five times daily as tolerated to promote circulation and mobility, adhering to prescribed medications, including pain medication and antibiotics, recognizing signs and symptoms of infection or other postoperative complications, and implementing fall prevention strategies. The patient demonstrated understanding of the education provided and was encouraged to follow all safety recommendations. Skilled home health physical therapy remains medically necessary to address postoperative weakness, limited range of motion, impaired gait, decreased balance, transfer deficits, and reduced functional mobility through therapeutic exercise, gait training, transfer training, balance activities, range of motion exercises, and progression of the home exercise program. The goal of treatment is to maximize functional independence, improve safety with mobility, reduce fall risk, and facilitate a safe return to the patient's prior level

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Paul Apostolo
3449 Wilkens Ave
Baltimore, MD 21229
PHONE: 4103684851 FAX: 14106465128 NPI: 1295776730

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 : 07/13/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/20840

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32051454	07/24/2026	From: 07/24/2026 To: 09/21/2026	15980	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dorothy Willis 57 S Morley St, Baltimore, MD 21229- 410-361-0811	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

of function.
 Date of Order 07/24/2026 Orders Physician Face-to-Face Date: 07/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Right total knee 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 Apostolo, Paul

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/24/2026 - 07/25/2026), WK2: 2 (07/26/2026 - 08/01/2026), WK3: 3 (08/02/2026 - 08/08/2026)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 8

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to 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: GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet,

PT Goals

PATIENT-STATED GOAL: To be able to get around the house by myself without pain

GOALS
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

Shower/Bathe Self - 05. Setup or clean-up assistance

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

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

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

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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
* 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

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026

Home Health Certification and Plan of Care

Order ID: 1150/20840

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32051454	07/24/2026	From: 07/24/2026 To: 09/21/2026	15980	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dorothy Willis 57 S Morley St, Baltimore, MD 21229- 410-361-0811	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

GG0170I1 - Walk 10 Feet, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited range of motion, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee -: Bandage to be removed by Dr Apostolo in 2 weeks, Stretching to right knee 5x hold 10 seconds : 0-80 on admission, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Bandage to be removed by Dr Apostolo in 2 weeks, home exercise program: Supine quad sets, short arc quads, hip flexion, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026