

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	
32051454		07/24/2026		From: 07/24/2026 To: 09/21/2026	
4. Medical Record No.		5. Provider No.			
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		
8. DOB			9. Sex		
08/05/1949			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z47.1			Zinc 50 MG Tablet 50 MG Tablet 1 tablet by mouth once a day		
Aftercare following joint replacement surgery			Docusate Sodium - Docusate Sodium 100 MG Tablet 2 tablets by mouth once a day		
Date			07/24/26		
13. ICD			Other Pertinent Diagnoses		
I12.9			Date		
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		
N18.30			07/24/26		
Chronic kidney disease stage 3 unspecified			07/24/26		
D63.1			Anemia in chronic kidney disease		
E78.5			07/24/26		
Hyperlipidemia unspecified			07/24/26		
I65.29			Occlusion and stenosis of unspecified carotid artery		
E55.9			07/24/26		
Vitamin D deficiency unspecified			07/24/26		
H26.9			07/24/26		
Unspecified cataract			07/24/26		
E66.01			07/24/26		
Morbid (severe) obesity due to excess calories			07/24/26		
Z79.82			07/24/26		
Long term (current) use of aspirin			07/24/26		
Z96.653			07/24/26		
Presence of artificial knee joint bilateral			07/24/26		
14. DME and Supplies:			15. Safety Measures:		
rolling walker, commode, small base cane, bath bench, Stair glide, ramp to enter			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:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Walker, Cane, Exercises Prescribed, Up As Tolerated		
19. Mental & Psychosocial 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:			22.B. Discharge Plans		
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.			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 <div>The patient is a 76-year-old female admitted to home health services following a right total knee replacement performed on Requiring Homecare: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 of function.					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/24/2026					
24. Physician's Name and Address				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.	
Paul Apostolo				F2F date : 07/13/2026	
3449 Wilkens Ave					
Baltimore, MD 21229					
PHONE: 4103684851 FAX: 14106465128 NPI: 1295776730					
27. Attending Physician's Signature and Date Signed 07/30/2026 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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of function.						
Order						
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						
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		

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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 -			caregiver performs medical/rehabilitation treatments with adequate competence		
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			Oral Hygiene - 06. Independent		
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			Toileting Hygiene - 06. Independent		
			Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
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