Home Health Certification and Plan of Care

Order ID: 1150/21087

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15145680	08/05/2026	From: 08/05/2026 To: 10/03/2026	28176	217058

6. Patient's Name and Address

Paula Bumphus
7771 Paddock Way,
Batimore, MD 21244-
443-691-4784

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 02/02/1961 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/05/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	08/05/26
M16.12	Unilateral primary osteoarthritis left hip	08/05/26
M17.12	Unilateral primary osteoarthritis left knee	08/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/05/26
N18.31	Chronic kidney disease stage 3a	08/05/26
I10.	Essential (primary) hypertension	08/05/26
M79.7	Fibromyalgia	08/05/26
M51.379	Other intervertebral disc degeneration lumbosacral region	08/05/26
K76.0	Fatty (change of) liver not elsewhere classified	08/05/26
D47.2	Monoclonal gammopathy	08/05/26
I65.22	Occlusion and stenosis of left carotid artery	08/05/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	08/05/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/05/26
F41.9	Anxiety disorder unspecified	08/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/05/26
E66.9	Obesity unspecified	08/05/26
Z68.33	Body mass index [BMI] 33.0-33.9 adult	08/05/26
Z79.82	Long term (current) use of aspirin	08/05/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	08/05/26
Z90.710	Acquired absence of both cervix and uterus	08/05/26

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

Ecotrin - Aspirin 81 MG / 1 Tablet by mouth twice a day post hip replacement
COLACE 100 MG / 1 Capsule by mouth 2 times a day stool softner
CYMBALTA 60 mg SR 60 mg/capsule / Take 2 capsules by mouth daily for depression
COZAAR 100 mg 100 MG / 1 Tablet by mouth daily blood pressure
Omeprazole - Omeprazole 40 mg 40mg; 1 cap by mouth once a day stomach
ROXICODONE 5 mg/tablet / Take 1 to 2 tablets by mouth every 4 hours as needed for pain pain
LIPITOR eq 10 mg base 10 MG / 1 Tablet by mouth once a day For cholesterol and heart protection
semaglutide (OZEMPIC) SubQ Pen Injector 2 mg/dose (8 mg/3 mL) / Inject 2 mg subcutaneous once a week every 7 days

14. DME and Supplies:

small base cane, rolling walker, hand held shower, bath bench, commode, grab bars, reacher, diabetic supplies, walker, cane

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, bathroom safety, hand rails, knee precautions, restricted ROM, transfer with assist, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, sharps precautions, supervision at all times, hip precautions, anticoagulant precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

penicillin codeine sulfa antibiotics

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Cane, Walker, Exercises Prescribed

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: Yes

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

SN: family/caregiver will be responsible for managing treatment PT: patient will

Homebound status:

After undergoing Right Total Hip 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/05/2026

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 : 07/15/2026

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: 1150/21087

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15145680	08/05/2026	From: 08/05/2026 To: 10/03/2026	28176	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Paula Bumphus 7771 Paddock Way, Batimore, MD 21244- 443-691-4784	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 65-year-old female, 1 day status post right total hip replacement, with a past medical history significant for type 2 diabetes mellitus with CKD stage 3a, hypertension, fibromyalgia, osteoarthritis of the left hip, left carotid artery stenosis, anxiety, and lumbosacral degenerative disc disease. She is alert and oriented 3, denies current pain after taking Tylenol and oxycodone this morning, reports a good appetite, and denies shortness of breath. Last documented finger-stick glucose was 172 mg/dL while hospitalized. The right hip dressing is intact, and she is using a front-wheeled/rolling walker for safe ambulation. She presents with postoperative right lower-extremity weakness and pain, impaired balance, and altered gait mechanics, resulting in difficulty with bed mobility, transfers, and household ambulation. She is homebound due to postoperative limitations, increased fall risk, and the considerable effort required to safely leave the home. Skilled nursing reviewed medications, postoperative precautions/instructions, and effective pain-management strategies, with the patient verbalizing understanding. Skilled home health PT is medically necessary to address strength, gait, transfers, balance, hip precautions, and progression of the home exercise program to maximize functional independence, promote safe mobility, and reduce fall risk and risk of rehospitalization. SN frequency: 1W2; PT evaluation and treatment.<o:p></o:p>   Date of Order<o:p></o:p> 08/05/2026
Physician Face-to-Face Date: 07/15/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip Replacement surgery<o:p></o:p> 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:<o:p></o:p> PT Eval Notes: <o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (08/05/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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; 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 ; 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.

SN Goals

PATIENT-STATED GOAL: I WANT NO PAIN

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/05/2026

Home Health Certification and Plan of Care

Order ID: 1150/21087

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15145680	08/05/2026	From: 08/05/2026 To: 10/03/2026	28176	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Paula Bumphus 7771 Paddock Way, Batimore, MD 21244- 443-691-4784	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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.

RIGHT HIP
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, limited strength, limited endurance, balance deficit, #1 - Non-Observable Surgical Wound - Other - RIGHT HIP - DRESSING INTACT

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - RIGHT HIP - DRESSING INTACT: SN /PT TO REMOVE RIGHT HIP DRESSING POST OP DAY 7, cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (08/05/26-08/08/26) ,WK2: 3 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, 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, 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, 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, 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

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	08/05/2026