Home Health Certification and Plan of Care

Order ID: 1150/21164

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
28330299	08/07/2026	From: 08/07/2026 To: 10/05/2026	28306	217058

6. Patient's Name and Address

Lori Scovens
18919 Brick Store Rd,
HAMPSTEAD, MD 21074-
443-340-7404

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 03/05/1963 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/07/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	08/07/26
I10.	Essential (primary) hypertension	08/07/26
E78.00	Pure hypercholesterolemia unspecified	08/07/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/07/26
M54.50	Low back pain unspecified	08/07/26
G89.29	Other chronic pain	08/07/26
F31.9	Bipolar disorder unspecified	08/07/26
G25.0	Essential tremor	08/07/26
H91.93	Unspecified hearing loss bilateral	08/07/26
F43.12	Post-traumatic stress disorder chronic	08/07/26
H81.10	Benign paroxysmal vertigo unspecified ear	08/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/07/26
F10.21	Alcohol dependence in remission	08/07/26
Z79.51	Long term (current) use of inhaled steroids	08/07/26
Z87.891	Personal history of nicotine dependence	08/07/26
Z98.84	Bariatric surgery status	08/07/26
Z86.0100	Personal history of colonic polyps	08/07/26

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

ECOTRIN LOW STRENGTH DR 81 MG / 1 Tablet by mouth once a day
COLACE 100 MG / 1 Capsule by mouth 2 times a day
Zofran Odt - Ondansetron 4 MG Tablet / Dissolve 1 tablet on the tongue by mouth every 8 hours as needed for vomiting or nausea
ROXICODONE 5 MG / 1 Tablet by mouth every 4 hours as needed for pain (1 to 2 tablets as needed)
MYSOLINE 250 MG / 1 Tablet by mouth 3 times a day
COZAAR 100 MG / 1 Tablet by mouth daily
NORVASC 5 MG / 1 Tablet by mouth daily
LIPITOR 40 MG / 1 Tablet by mouth daily
LAMICTAL 150 MG / 1 Tablet by mouth every evening
PROTONIX Delayed Release 40 MG / 1 Tablet by mouth daily 30 to 60 minutes prior to a meal
Wellbutrin Xl - Bupropion Hydrochloride 150 mg/tablet / Take 3 tablets by mouth daily
Effexor Xr - Venlafaxine Hydrochloride 75 mg/capsule / Take 2 capsules by mouth daily
Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath or wheezing or cough (rescue inhaler)
Lamictal - Lamotrigine 25 mg/tablet / Take 2 tablets by mouth once a day
NARCAN 4 mg/actuation Nasal Spray Nasal as necessary Spray in 1 nostril if not breathing/responding. Call 911. If still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn Nasal Spray once daily in each nostril
ESTRACE 0.01 % (0.1 mg/gram) Vagl Cream / Insert 1 gram vaginal once a day at bedtime For 2 weeks then a pea size twice a week

14. DME and Supplies:

bath bench, rolling walker, commode, grab bars, walker, hand held shower, 4 wheeled walker

15. Safety Measures:

medication safety, smoke detectors , emergency phone # clearly displayed, supervision at all times, transfer with assist, anticoagulant precautions, activity supervision, standard precautions, bleeding precautions, walker precautions, infectious material management, hip precautions, fall precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

low sodium, cardiac diet

17. Allergies:

fluoxetine hydrochloride

18.A. Functional Limitations

Hearing, Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, Walker, 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: 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: 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

family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Left hip 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 63-year-old female with a past medical history significant for left hip replacement, gastric sleeve surgery, hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), depression, chronic low back pain, hip osteoarthritis, and positional vertigo. Skilled nursing admission was completed following same-day surgery for right total hip replacement. The patient is alert and oriented 4 and has a hearing impairment managed with bilateral hearing aids. She resides with her spouse, who serves as the primary caregiver and assists with activities of daily living and other care needs. Comprehensive assessment was completed, with vital signs within acceptable parameters. The patient was observed wearing compression stockings for circulatory support. No signs or symptoms of surgical-site infection or other acute postoperative complications were noted at the time of assessment. The patient was able to tolerate movement and follow her toileting schedule. Skilled nursing provided education to the patient and caregiver regarding postoperative infection prevention and precautions, including proper hand hygiene, recognition of signs and symptoms of infection or other complications, and appropriate circumstances for notifying the healthcare provider. Medication reconciliation was completed, and education was provided regarding medication effects, potential adverse reactions, and the importance of taking medications as prescribed. The patient reported that her prescribed pain medication was producing an undesired/opposite effect and that her pain had increased, with discomfort described as generalized and primarily located away from the surgical site. Dr. Huang was notified regarding the patient's increased and atypical pain and reported medication response; receptionist Sherrell documented the message. The patient and caregiver verbalized understanding of the education provided. The patient was also referred for skilled home health physical therapy following the planned right hip replacement due to impaired mobility and functional limitations. She presents with lower-extremity weakness, postoperative pain, impaired balance, and altered gait mechanics affecting bed mobility, transfers, and ambulation. Skilled physical therapy is medically necessary to address these deficits through therapeutic exercise, gait and transfer training, balance and mobility interventions, safety education, and progressive functional training. Therapy will focus on improving strength, balance, gait

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/07/2026

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 : 06/16/2026

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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mechanics, functional mobility, and overall safety and independence with activities of daily living and household ambulation, with progression toward the patient's prior level of function and readiness for transition to outpatient therapy when appropriate. Continued skilled nursing and therapy services will monitor postoperative recovery, pain management, medication response, potential complications, functional progress, and caregiver needs.
 Date of Order 08/07/2026 Orders Physician Face-to-Face Date: 06/16/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left hip 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 - SN Notes: soc PT Eval Notes: eval
 Physician Huang, James

SN Careplans

SN WK1: 1 (08/07/26-08/08/26) ,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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, inadequate lighting (CM), inadequate heating (CM), M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, weight gain > 2lb/24 h OR 5lb/1 wk, abn cholesterol > 200 mg/dL, abnormal blood pressure, nausea/vomiting, constipation, heartburn/indigestion, limited strength, swelling of affected area, limited endurance, muscle weakness (MS), limited range of motion (MS), Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B0200 - Hearing Deficit, balance deficit, difficulty sleeping, obesity, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Thigh - , bruising/discoloration (SK)

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Thigh -: 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., cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related

SN Goals

PATIENT-STATED GOAL: I want to have my strength back so I can help around the house more

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

patient living environment has adequate lighting

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	08/07/2026

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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 living environment has adequate lighting, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (08/07/26-08/08/26) ,WK2: 2 (08/09/26-08/15/26) ,WK3: 3 (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: Chair to Bed to Chair - 06. Independent, Sit to Stand - 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	08/07/2026